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## **MTPPR/Residential Bed Tracking User Manual Residential & Group Home Providers**

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## Introduction

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- Introduction** The ProviderConnect application provides a variety of self-service functions to help congregate care providers access and view information about members and authorizations. For CT BHP congregate care providers functions include:
- Submitting requests for Monthly Treatment Planning Progress Report (MTPPR)
  - Viewing and updating Bed Matching referrals
  - Submitting Bed Tracking updates
- 





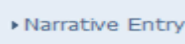
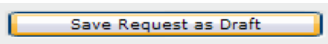

- What is Covered in this Module?** This module covers the Residential Treatment and Group Home Care Management process for congregate care providers, which includes the following key phases:
- **Phase 1: Bed Match Referral** – This phase focuses on viewing and updating received Bed Match referrals and viewing Request for Care/CANS records associated with Bed Match referrals. This phase also involves managing bed availability information.
  - **Phase 2: RTC/GH Review/Auth (MTPPR Form)** – This process focuses on completing and submitting a request for RTC/GH authorizations which equates to completing and submitting the MTPPR form.
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- Training Goals** As a result of this training module, you will be able to:
- Navigate through basic ProviderConnect functions.
  - Update Bed Match referrals.
  - Update bed availability information.
  - Complete a request for RTC or GH authorization (i.e. MTPPR form).



## Introduction, *continued*

**Navigation Features** Throughout the ProviderConnect screens, navigation features are available to make it easier to move through the fields and screens. Below are a few basic features available.

Feature	What it Looks Like	Description
<b>"Breadcrumbs"</b>		Tabs with titles of each request screen will display on all of the request screens to show progress through the process.
<b>Asterisk</b>	*Level of Service	Any field with an asterisk next to it indicates that the field is required and a data item must be entered or selected in order to complete the request. Conditionally required fields will not have asterisks.
<b>Back Button</b>		A <b>Back</b> button is available on most ProviderConnect screens to help navigate to previous screens. The Back button on the ProviderConnect screens should always be used when navigating to the previous screen. Do not use the back button on the Internet browser menu.
<b>Calendar Icon</b>		For date fields, a pop-up calendar can be accessed by clicking the calendar icon. When the calendar opens, click the date desired and the date field will automatically update with the selected date.
<b>Cancel Button</b>		A <b>Cancel</b> button is available within some screens to allow a user to exit from the function.
<b>Checkboxes</b>	<input type="checkbox"/> Chronic Pain <input type="checkbox"/> Cardiovascular Problem	Any data items with checkboxes next to them indicate that more than one data item can be selected for that field. Click inside of the box to select the value.
<b>Expand/Collapse</b>		Any title with an arrow (►) to the left of the title indicates that it is a section that can be expanded to display fields or information. Click on the title to expand or collapse the section.
<b>Hyperlinked Codes</b>	<u>301.3</u>	Any underlined codes that are input options for a field will populate the field when clicked.
<b>Hyperlinked Field Titles</b>	<u>Diagnosis Code 1</u>	Any underlined field title will open screens, help text, a list of codes, etc. when clicked.
<b>Radio buttons</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Any data items with radio buttons next to them indicate that only one data item can be selected for that field. Click inside of the circle to select the value.
<b>Save Request as Draft</b>		A <b>Save Request as Draft</b> button is available on the Request for Services screens, which will save the record when clicked. As a saved record, it is only available within ProviderConnect and is not available to access in CareConnect.
<b>Submit</b>		A <b>Submit</b> button is available on some screens which will submit the record when clicked.
<b>Text Boxes</b>	Member's Guardian <input type="text" value="John Smith"/>	Any open text box indicates that free form text can be entered into the box.



## Accessing ProviderConnect

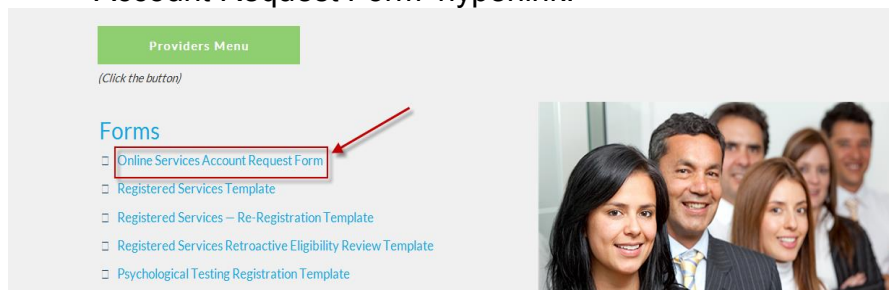
### Obtaining an ID and Password

In order to obtain a ProviderConnect login ID and password, complete the following steps.

1. Go to the CT BHP website at [www.CTBHP.com](http://www.CTBHP.com).
2. Click on the 'For Providers' button.



3. Under the forms section, click on the 'Online Services Account Request Form' hyperlink.



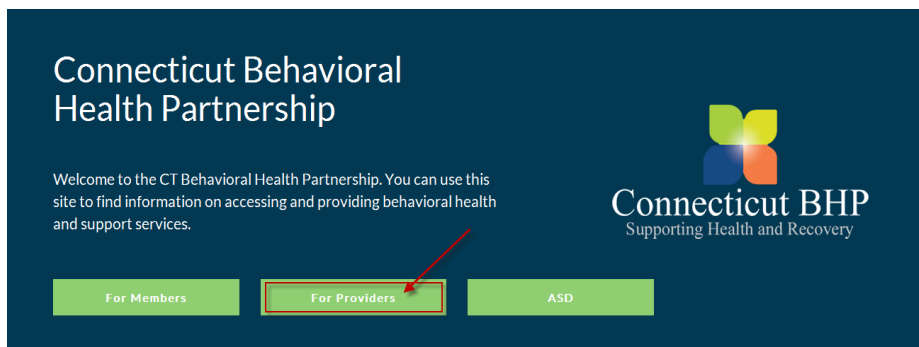
4. Complete the form and fax it back to the Provider Relations department at (855)750-9862. Completed forms can also be scanned and emailed back to Provider Relations at [ctbhp@valueoptions.com](mailto:ctbhp@valueoptions.com).
5. User ID's and passwords will be created within 48 hours. Once the ID and password are created, you will be sent an email with your ProviderConnect login details.
6. If you have any questions, feel free to contact the CT BHP Provider Relations department at 1-877-552-8247.



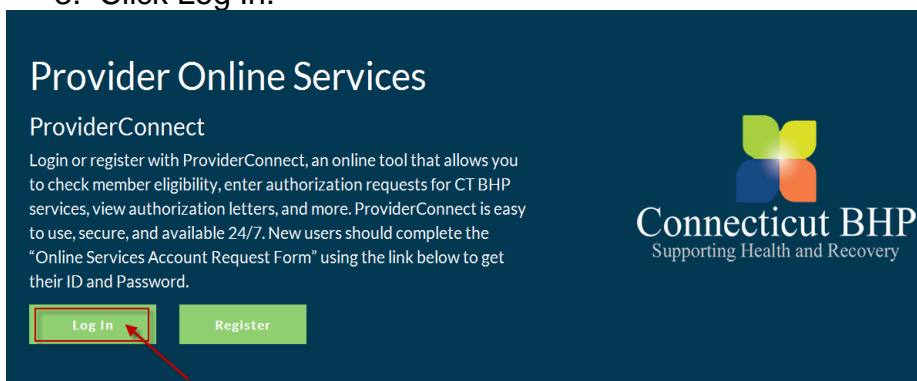
## Accessing ProviderConnect, *continued*

**Overview** The ProviderConnect web application can be found on the CT BHP website:

1. Go to [www.CTBHP.com](http://www.CTBHP.com)
2. Click on For Providers



3. Click Log In.



3. Click on Log In
4. New Users without an ID refer to page 7, otherwise
5. Enter User ID and Password.

6. Click Log In.
7. Accept the User Agreement to proceed to the home page.



## ProviderConnect Basics

### Searching for and Viewing Member Records

One function that is used often to complete various CT BHP specific functions is searching for, locating and viewing member records.

Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required.

1. Click **Specific Member Search** from the navigational bar or **Find a Specific Member** on the Home page

Home  
[Specific Member Search](#)  
 Authorization Listing  
 Enter an Authorization Request  
 View Clinical Drafts  
 Review Referrals  
 Enter Bed Tracking Information  
 My Online Profile

Welcome THE HARTFORD DISPENSARY. Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER

Recent Inquires Responded to by ValueOptions

DATE RECEIVED	SUBJECT	MEMBER NAME	STATUS
07-28-10	REFERRAL	SHAMARI SMITH	COMPLETED

WHAT DO YOU WANT TO DO TODAY?

- Eligibility and Benefits
  - [Find a Specific Member](#)
- Enter or Review Authorization Requests
  - [Enter an Authorization Request](#)
  - [Review an Authorization](#)
  - [View Clinical Drafts](#)
- Review Referrals
  - [Review Referrals](#)
- View My Recent Authorization Letters
  - [Enter Bed Tracking Information](#)

2. Enter values for the **Member ID** and **Date of Birth**
  - a. Note: The **As of Date (MBR Eligibility Date)** will auto-populate with today's date. To search a previous eligibility date, users can enter a previous date.

**Eligibility & Benefits Search**

Required fields are denoted by an asterisk ( \* ) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

\*Member ID  (No spaces or dashes)

Last Name

First Name

\*Date of Birth  (MMDDYYYY)

As of Date  (MMDDYYYY)



## ProviderConnect Basics, *continued*

### Review Members record details

3. **Demographics** (Displays basic member information such as address, phone, etc.)
4. **Enrollment History** ( Displays all active and expired enrollment records for which the member is part of)
5. **COB** ( Display information on other insurance policies)
6. **Additional Information** ( Displays claims mailing address for the member)

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member?		Eligibility	
Member ID	TEMP000700058	Effective Date	08/04/2010
Alternate ID		Expiration Date	
Member Name	WOODSIN, MOONEY	COB Effective Date?	
Date of Birth	01/15/1995		
Address	500 ENTERPRISE DRIVE HARTFORD, NB E7H 5H9		
Alternate Address			
Marital Status	-		
Home Phone			
Work Phone			
Relationship	1		
Gender	M - Male		

Subscriber:

Subscriber ID	TEMP000700058
Subscriber Name	WOODSIN, MOONEY

View Member Auths    Enter Auth Request    View Clinical Drafts    View Referrals

7. **View Member Auths** ( Displays Member specific authorizations)
8. **Enter an Authorization** ( Initiates the Request for Services process)
9. **View Clinical Drafts** ( Display member specific Clinical Drafts)
10. **View Referrals** ( Displays Bed Match Referrals)

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member?		Eligibility	
Member ID	TEMP000700058	Effective Date	08/04/2010
Alternate ID		Expiration Date	
Member Name	WOODSIN, MOONEY	COB Effective Date?	
Date of Birth	01/15/1995		
Address	500 ENTERPRISE DRIVE HARTFORD, NB E7H 5H9		
Alternate Address			
Marital Status	-		
Home Phone			
Work Phone			
Relationship	1		
Gender	M - Male		

Subscriber:

Subscriber ID	TEMP000700058
Subscriber Name	WOODSIN, MOONEY

View Member Auths    Enter Auth Request    View Clinical Drafts    View Referrals



## Features

### Saving Requests as Drafts

While working with requests for authorizations in ProviderConnect, providers have the ability to save a request as a draft in the event that they cannot complete it at the time the request was started. Saved drafts can be viewed and opened by providers from the View Clinical Drafts screen accessible from the ProviderConnect homepage.

The screenshot shows the ProviderConnect homepage. The left sidebar contains a navigation menu with the following items: Home, Specific Member Search, Authorization Listing, Enter an Authorization Request, View Clinical Drafts, Review Referrals, Enter Bed Tracking Information, and My Online Profile. The 'View Clinical Drafts' item is highlighted with a red box. The main content area displays a welcome message and a 'YOUR MESSAGE CENTER' section with a table of recent inquiries. Below this, there are links for 'WHAT DO YOU WANT TO DO TODAY?', including 'Find a Specific Member', 'Review Referrals', 'Enter or Review Authorization Requests', 'View My Recent Authorization Letters', and 'Enter Bed Tracking Information'. The 'View Clinical Drafts' link is highlighted with a red box.

Saved drafts are available for completion and submission for 30 days from the initial date the record was saved. If the record is not submitted within the 30 days, it is automatically expired.

***When a record is saved as a draft, it is NOT available for clinical staff to review.***

The screenshot shows the 'View Clinical Drafts' screen. It includes a search bar for Provider ID and a 'Search Drafts' button. Below the search bar, there is a section titled 'Saved Clinical Request Drafts' with a note: 'Saved request drafts will automatically expire 30 days after the Initial Saved Date'. A table of drafts is displayed, with the first row highlighted by a red box. The table has columns for Initial Saved Date, Member ID, Member Name, Provider ID, Level of Service, Level of Care, Type of Care, Authorized User, and Requested Start Date. The first row shows a draft saved on 08/16/2010 for Member ID TEMP00070058, Member Name WOODSIN, MOONEY, Provider ID CBHP000454, Level of Service OP, Level of Care Outpatient, Type of Care Family Support Teams (FST) - Home, Authorized User, and Requested Start Date 08/16/2010. The 'View' and 'Open' buttons for this draft are highlighted with a red box.

### Designating Authorized User

Providers can designate an Authorized User within an MTPPR request which allows an associated provider to access, view and edit saved drafts. This allows, for instance, a supervisor, who would be the Authorized User, to view and edit requests completed by their staff prior to submitting the request. Users can enter the id of their supervisor in the Authorized User Box before Saving the Clinical Draft to allow their supervisor access.

The screenshot shows the 'Requested Services Header' form. It contains fields for Requested Start Date, Member Name, Provider Name, Vendor ID, Type of Request, Member ID, Provider ID, Provider Alternate ID, NPI # for Authorization, Level of Service, Type of Service, Level of Care, and Type of Care. The 'Authorized User' field is highlighted with a red box.



## Introduction: Bed Match Referrals

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**Introduction** This section focuses on ***Phase 1: Bed Match Referrals*** of the Residential and Group Home Care Management Process.

A Bed Match referral is created when it has been determined that a member requires RTC or GH placement. Determination is based on the Request for Care/CANS submitted by CT State Agencies. The referral is electronically sent to providers for response and also links to the provider's bed availability and tracking which is essential for determining availability of beds for other members in need of placement.

Referrals are completed by CT BHP. Once the referral is saved, the provider will receive a secure message in ProviderConnect and will be able to access, review and update the bed match referral with the Match and Admission decision.

As part of working on Bed Match referrals, CT BHP and CT State Agencies rely on updated bed availability information submitted by providers through the Bed Tracking function. This information is compiled into a report that DCF uses to match members to providers with available or soon to be available beds. Providers are asked to update bed availability information twice a week which they can do through ProviderConnect.

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**What is Covered in this Section?** This section covers the Bed Match Referral process which includes the following key functions:

- View and Update Bed Match Referrals – This function focuses on accessing, viewing and opening bed match referrals in ProviderConnect as well as viewing associated Request for Care/CANS records.
- Update Bed Availability Information – This function focuses on entering and updating bed availability information for Bed Tracking purposes.

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**Phase 2 Training Objectives** As a result of this section, you will be able to:

- Access and View Bed Match referrals.
- View associated Request for Care/CANS records associated with Bed Match referrals.
- Update Bed Match referral information.
- Access Bed Tracking form.
- Update bed availability information.

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## Viewing and Updating Bed Match Referrals

**Key Steps** The key steps for viewing and updating a Bed Match referral include:

1. Access list of referrals.
2. Locate and review referral information.
3. Update and save referral.

Details about each key step follow.

**Key Step 1: Access List of Referrals** The first key step is to access the list of Bed Match referrals sent to the provider. There are 3 ways providers can access the list of referrals

1. From the Message Center Inbox
2. Through the Review Referrals link
3. From the Member Demographics Screen

Below are the key actions for completing this step for each method of access. Any field with an asterisk indicates that the field is required.

### 1. From the ProviderConnect Message Center Inbox

1. Click the **Inbox** icon on the ProviderConnect homepage
  - A list of all messages will display
  - If the referral is recent, the referral can be directly accessed by clicking the hyperlink record listed under **Your Message Center** on the homepage

Welcome THE HARTFORD DISPENSARY . Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER

Recent Inquires Responded to by ValueOptions

DATE RECEIVED	SUBJECT	MEMBER NAME	STATUS
07-28-10	REFERRAL	SMITH	COMPLETED

WHAT DO YOU WANT TO DO TODAY?

2. Locate referral message to review
  - Records can be sorted by the **Date Received** with the most recent record listed first.
  - The subject for **Bed Match** referrals will be “**Referrals**”
3. Click on the Inquiry Number to access the Referral

### Message Center - Inbox

Thank You for your recent web inquiry. Listed below are the responses sent within the past 30 days.

**\*\*Clicking the trash icon will delete the message permanently.**

Inquiry #	Date Received	Subject
<a href="#">10132010-1870473-010000</a>	10/13/2010	REFERRAL
<a href="#">10132010-1870474-010000</a>	10/13/2010	REFERRAL
<a href="#">10132010-1870483-010000</a>	10/13/2010	REFERRAL



## Viewing and Updating Match Referrals, *continued*

4. Open referral message
  - Click the Referral # hyperlink to open message

Log Out

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Message Center - Inquiry Details

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Your Inquiry Details

<b>Date Received:</b>	07-28-2010	<b>From:</b>	Bed Match/Admit Notification Form
<b>Inquiry #:</b>	07282010-8756455-010000	<b>Subject:</b>	REFERRAL
<b>Member Name:</b>	SMITH		

**Inquiry Message:**

THE HARTFORD DISPENSARY - 07282010 - 22:09:25 ET-----  
 Member Name: SMITH  
 Provider ID: CBHP000454  
 Bed Match/Admit Notification Form

CUSTOMER SERVICE - 07282010 - 00:00:00 ET-----  
 Member Name: SMITH  
 Provider ID: CBHP000454  
 Bed Match/Admit Notification Form  
 Referral #: 01-072810-1-10-1

5. Click the **Update** button:

Note: The **View Request for Care/CANS** is only available when:

- The status of the referral is **"Open"**, or
- The status of the referral is **"Closed"** and the **Match Decision** and **Admission Decision** is "Accept"

### Referral Search Results

The information displayed indicates the most current information we have on file.

Click the Referral Number for more detail on the referral. To update a referral, click the Update button.

Referral #	Member Name ID	Referral Type	Referral Status	Match Decision	Admission Decision	Not Accept or Match Remove Decision	Date Submitted	
<a href="#">01-101210-1-31-1</a>	FRANKS, APPLE	Bed Match Referral	Open				10/12/2010	<div>Update</div> <div>View Request for Care/CANS</div>

**Proceed to Updating/Completing Match Decision (Pg 19)**



## Viewing and Updating Match Referrals, *continued*

### 2. Through the Review Referrals Link

1. Click Review Referrals link from either the left navigation or Homepage of ProviderConnect

- The Search Referral Screen will display

2. Search for a referral record

- Search for an individual referral by:
  - **Provider ID** - Required - Will auto-populate
  - **Referral Type** - Required – The only option is “**Bed Match**”
  - **Referral Date** - *Not required* but can be entered if desired

3. Click **Search Referrals** or **View All** button

6. Click the **Update** button on the member specific referral:

Note: The **View Request for Care/CANS** is only available when:

- The status of the referral is “**Open**”, or
- The status of the referral is “**Closed**” and the **Match Decision** and **Admission Decision** is “**Accept**”

### Referral Search Results

The information displayed indicates the most current information we have on file.

Click the Referral Number for more detail on the referral. To update a referral, click the Update button.

Referral #	Member Name ID	Referral Type	Referral Status	Match Decision	Admission Decision	Not Accept or Match Remove Decision	Date Submitted	
<a href="#">01- 101210- 1- 31- 1</a>	FRANKS, APPLE	Bed Match Referral	Open				10/12/2010	<div>Update</div> <div>View Request for Care/CANS</div>

**Proceed to Updating/Completing Match Decision (Pg 19)**



## Viewing and Updating Match Referrals, *continued*

### 3. From the Member Demographics

1. Access the Member Search function.
  - Click **Specific Member Search** link from either the left navigational bar or the Home page of ProviderConnect
  - The **Eligibility & Benefits Search** screen will display

Staging PROVIDERCONNECT Log Out

Home  
[Specific Member Search](#)  
 Authorization Listing  
 Enter an Authorization Request  
 View Clinical Drafts  
 Review Referrals  
 Enter Bed Tracking Information  
 My Online Profile

Welcome THE HARTFORD DISPENSARY . Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER

Recent Inquires Responded to by ValueOptions

DATE RECEIVED	SUBJECT	MEMBER NAME	STATUS
07-28-10	REFERRAL	SHAMARI SMITH	COMPLETED

WHAT DO YOU WANT TO DO TODAY?

- Eligibility and Benefits
  - [Find a Specific Member](#)
- Enter or Review Authorization Requests
  - [Enter an Authorization Request](#)
  - [Review an Authorization](#)
  - [View Clinical Drafts](#)
- Review Referrals
  - [Review Referrals](#)
- View My Recent Authorization Letters
  - [Enter Bed Tracking Information](#)

2. Enter the Member ID and Date of Birth
3. Click Search

**Eligibility & Benefits Search**

Required fields are denoted by an asterisk ( \* ) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

\*Member ID  (No spaces or dashes)

Last Name

First Name

\*Date of Birth  (MMDDYYYY)

As of Date  (MMDDYYYY)

Search



## Viewing and Updating Match Referrals, *continued*

4. Click the **View Referrals** button.
  - a. The referral **Search Results** will display with a listing of all referrals that are for the specific CT BHP member.

Demographics Enrollment History COB Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

<b>Member?</b>		<b>Eligibility</b>	
Member ID	TEMP000700058	Effective Date	08/04/2010
Alternate ID		Expiration Date	
Member Name	WOODSIN, MOONEY	COB Effective Date?	
Date of Birth	01/15/1995		
Address	500 ENTERPRISE DRIVE HARTFORD, NB E7M 5H9		
Alternate Address	-		
Marital Status			
Home Phone			
Work Phone			
Relationship	1		
Gender	M - Male		
		<b>Subscriber</b>	
		Subscriber ID	TEMP000700058
		Subscriber Name	WOODSIN, MOONEY

View Member Auths Enter Auth Request View Clinical Drafts **View Referrals**

5. Click the **Update** button on the member specific referral:
 

Note: The **View Request for Care/CANS** is only available when:

  - The status of the referral is **"Open"**, or
  - The status of the referral is **"Closed"** and the **Match Decision** and **Admission Decision** is "Accept"

### Referral Search Results

The information displayed indicates the most current information we have on file.

Click the Referral Number for more detail on the referral. To update a referral, click the Update button.

Referral #	Member Name ID	Referral Type	Referral Status	Match Decision	Admission Decision	Not Accept or Match Remove Decision	Date Submitted	
<a href="#">01-101210-1-31-1</a>	FRANKS, APPLE	Bed Match Referral	Open				10/12/2010	<div>Update</div> <div>View Request for Care/CANS</div>

**Proceed to Updating/Completing Match Decision (Pg 19)**



## Viewing and Updating Bed Match Referrals, *continued*

### Key Step 2: Referral Search Results Information

The second key step is to locate the Bed Match referral to view and/or update. Below are the key steps for completing this process.

The search results will include the following information:

- **Referral Number-** Displays the number of the referral record
- **Member Name and ID-** Displays the name and ID of the member referred.
  - This information will not display when the list is accessed from the member demographics screen
- **Referral Status-** The referral status will either be:
  - **Open-** Indicates that the Match Decision and/or Admission Decision are pending
  - **Inactive-** Indicates that the match has been removed. Referrals with this status will display for 30 days after the Date of Match has been removed
  - **Closed-** Indicates that the Match Decision and the Admission have been made. Referrals with this status will only display for 30 days after the Date of Match Decision or Date of Admission Decision.
- **Match Decision-** Displays the decision the provider made about the admission (accept or not accept).
- **Admission Decision-** Displays the decision the provider made about the admission ( accept or not accept)
- **Not Accept or Match Remove Reason –** Displays the reason a match or admission was not accepted or why a match has been removed.
- **Date Submitted –** Displays the date the provider received the Bed Match referral.

### Referral Search Results

The information displayed indicates the most current information we have on file.

Click the Referral Number for more detail on the referral. To update a referral, click the Update button.

Referral #	Member Name ID	Referral Type	Referral Status	Match Decision	Admission Decision	Not Accept or Match Remove Decision	Date Submitted	
<a href="#">01-101210-1-31-1</a>	FRANKS, APPLE	Bed Match Referral	Open				10/12/2010	<div>Update</div> <div>View Request for Care/CANS</div>



## Viewing and Updating Bed Match Referrals, *continued*

### Key Step 3: Update and Save Referral

There are two key times providers will need to update the Bed Match Referral:

1. Completing the Match Decision
2. Completing the Admission Decision.

For each update, an inquiry is automatically generated and pended to CT BHP to alert the staff that a decision has been made regarding the Bed Match referral.

Below are the key steps for completing this process for a Match Decision and Admission Decision. ***Any field with an asterisk indicates that the field is required.***

### 1, Completing the Match Decision

1. Review Bed Match details
  - The top section of the Bed Match form displays the Bed Match information completed by CT BHP, including the Level of Care determined for the member, the specific site or program the member is matched to at the provider facility, the referring party and contact information.

Bed Match/Admit Notification Referral					
Referral Info Header	Referral Type <b>Bed Match Referral</b>	Referral # <b>01-080610-1-1-1</b>	Member ID <b>0018</b>	Member Name <b>SMITH</b>	Age <b>18</b>
<small>All fields marked with an asterisk (*) are required. Note: Disable pop-up blocker functionality to view all appropriate links.</small>					
*Level of Care Determination <b>RESIDENTIAL TREATMENT CENTER</b>		*Level of Care Decision Date <b>08062010</b>		*Specific Site/ Program Matched To <b>BRIGHTSIDE INC</b>	
Case Link #		Link Person #			
Client ID # <b>2222</b>		Case # <b>222222222</b>			
*Referral Party <b>DCF AREA OFFICE</b>		*Contact Name <b>DDDDDD</b>		*Contact Phone # <b>111 111 1111 EXT</b>	
*Date of Match Notification <b>08062010</b>		*RCT Liaison who made Match <b>DDDDDDDDDD</b>		*Vacancy Type <b>PROJECTED VACANCY</b>	

2. Complete the Match Decision information.
  - Select the **Match Decision**
  - Enter the **Date of Match Decision**

Match Decision		
<small>The above client has been matched to your program for RTC/GH services. He/She has been identified as an appropriate match to receive treatment from your program. The Area Office Social Worker (AOSW) Parole/Probation Officer will contact you within 3 business days from the date of this notification to verify the pre-admission appointment at your agency. If you do not receive a call from the AOSW within this timeframe, you should notify the AOSW's supervisor and the AO Behavioral Health Program Director, RCT Liaison or RCT Clinical Manager, as this will delay the youth from being placed at your program in a timely manner. If this match is not accepted, no additional referrals will be made to your program until the Bed Match referral is completed and submitted to CT BHP.</small>		
Match Decision <b>ACCEPT</b>	Date of Match Decision <b>08062010</b> <small>(Date of Match Decision must be within 3 business days of Date of Match Notification)</small>	Date that Referring Party Contacted Facility <b>08062010</b>
<b>Pre-Admission</b> Pre-Placement Appointment Date/Time (MMDDYYYY) (H:mm) <input type="text"/>		
<b>Admission Decision</b> Admission Decision <b>SELECT...</b>		
Date of Admission Decision <b>08062010</b> <small>(Date of Admission Decision must be within 7 business days of Pre-Placement Appointment)</small>		



## Viewing and Updating Bed Match Referrals, *continued*

### Key Step 3: Continued Update and Save Referral

#### 3. Save the Bed Match referral:

If the Match Decision is **“Accept”**, then:

- An Inquiry is automatically generated and pended to CT BHP staff to alert them of the decision
- CT BHP will enter the Pre-Admissions information on the Bed Match referral.
- The referral status will remain **“Open”** and the referral and the **Request for Care/CANS** record will continue to be available to view and/or update

#### 4. If the Match decision is **“Not Accept”**, then

- An Inquiry is automatically generated and pended to CT BHP staff to alert them of the decision.
- The referral status will change to **‘Closed’** and the referral and the **Request for Care/CANS** record will no longer be available to view and/or edit.

**Match Decision**

The above client has been matched to your program for RTC/GH services. He/She has been identified as an appropriate match to receive treatment from your program. The Area Office Social Worker (AOSW) Parole/Probation Officer will contact you within 3 business days from the date of this notification to verify the pre-admission appointment at your agency. If you do not receive a call from the AOSW within this timeframe, you should notify the AOSW's supervisor and the AO Behavioral Health Program Director, RCT Liaison or RCT Clinical Manager, as this will delay the youth from being placed at your program in a timely manner. If this match is not accepted, no additional referrals will be made to your program until the Bed Match referral is completed and submitted to CT BHP.

Match Decision  
ACCEPT

Date of Match Decision  
08062010
  
(Date of Match Decision must be within 3 business days of Date of Match Notification)

Date that Referring Party Contacted Facility  
08062010

**Pre-Admission**

Pre-Placement Appointment Date/Time (MMDDYYYY) (HHmm)

**Admission Decision**

Admission Decision  
SELECT...

Date of Admission Decision  
08062010
  
(Date of Admission Decision must be within 7 business days of Pre-Placement Appointment)

Pre-Placement Appointment Location



## Viewing and Updating Bed Match Referrals, *continued*

### 2. Completing the Admission Decision

1. Complete the Admission decision information.
  - Select the Admission decision.
    - If the Admission decision is **“Accept”** complete the **IF Accept, Admission Date**
    - If the decision is **“Not Accept”** select **IF Not Accept, What is the primary reason?**
  - Enter the **Date of Admission Decision**

**Match Decision**

The above client has been matched to your program for RTC/GH services. He/She has been identified as an appropriate match to receive treatment from your program. The Area Office Social Worker (AOSW) Parole/Probation Officer will contact you within 3 business days from the date of this notification to verify the pre-admission appointment at your agency. If you do not receive a call from the AOSW within this timeframe, you should notify the AOSW's supervisor and the AO Behavioral Health Program Director, RCT Liaison or RCT Clinical Manager, as this will delay the youth from being placed at your program in a timely manner. If this match is not accepted, no additional referrals will be made to your program until the Bed Match referral is completed and submitted to CT BHP.

Match Decision:

Date of Match Decision:

Date that Referring Party Contacted Facility:

(Date of Match Decision must be within 3 business days of Date of Match Notification)

**Pre-Admission**

Pre-Placement Appointment Date/Time (MMDDYYYY) (H:nn):

Pre-Placement Appointment Location:

**Admission Decision**

Admission Decision:

Date of Admission Decision:

(Date of Admission Decision must be within 2 business days of Pre-Placement Appointment)

If Accept, Admission Date:

If Not Accept, what is the primary reason?:

If Other, please specify:

### 2. Save the Bed Match referral:

If the Admission Decision is **“Accept”**, then:

- An Inquiry is automatically generated and pended to CT BHP staff to alert them of the decision
- The referral status will change to **“Closed”**, However, the referral and the **Request for Care/CANS** records will remain available to view 30 days after the **Date of Admission Decision**

If the Admission decision is **“Not Accept”**, then

- An Inquiry is automatically generated and pended to CT BHP staff to alert them of the decision.
- The referral status will change to **“Closed”** and the referral and the **Request for Care/CANS** record will no longer be available to view and/or edit.



## Updating Bed Availability Information

**Overview** To help DCF effectively match members to providers/facilities, providers can submit bed availability information. This can be done through the Bed Tracking form in ProviderConnect. The form is completed for each provider location.

The Bed Tracking form consists of two different sections that a provider can view and update, depending on the services they are contracted to provide. The two sections include:

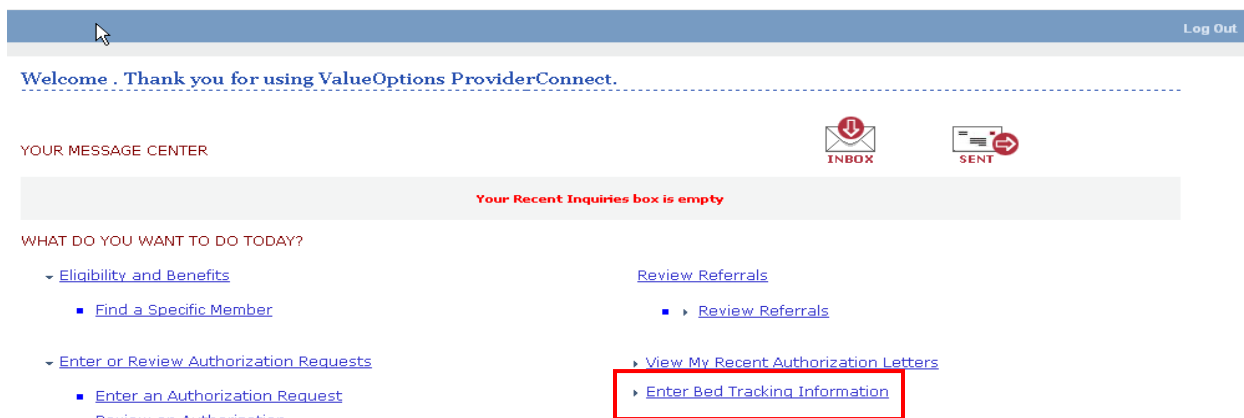
- **RTC/GH** – This section is specific to providers where Residential and Group Home services are provided. It allows these providers to submit projected discharge dates for members currently at their location, update information about other beds occupied by non-CT BHP members as well as view beds currently being held for future members.
- **Inpatient** – This section is specific to providers where Inpatient services are provided. It allows these providers to submit bed availability information for their location.

**Key Steps** The key steps for updating existing Bed Match referrals are:

1. Access Bed Tracking form.
2. Update and save bed availability information.

**Key Step 1: Access Bed Tracking Form** The first key step is to access the Bed Tracking form and the specific section to update bed availability information.

1. Access the Bed Tracking function.
  - Click Enter Bed Tracking Information link from either the navigation menu or the Homepage of ProviderConnect.
  - The Vendor Selection screen will display





## Viewing and Updating Bed Availability Information, *continued*

2. Locate and select the Service/Vendor
3. Click the radio button next to the service address to select the record.
  - The record that is selected will be the location for which bed availability will be updated
4. Click Next

Select Service Address

Provider		Vendor	
Capture	Provider ID	Vendor ID	Vendor Last Name
	Last Name		Vendor First Name
Tax ID	Service Address	Paid To Vendor ID	Pay To Address
Alternate ID			
<input checked="" type="radio"/>	CBHP002120	VCB003159	TEMP PROVIDER
	501 ENTERPRISE DR		501 ENTERPRISE DR
	ROCKY HILL, CT 06067		ROCKY HILL, CT 06067
<a href="#">TEMPFAC</a>			
<input type="radio"/>	CBHP002120	VCB005769	TEMP PROVIDER
	500 ENTERPRISE DR		500 ENTERPRISE DR
	STE 4D		STE 4D
	ROCKY HILL, CT 06067-3913		ROCKY HILL, CT 06067-3913
<a href="#">TEMPFAC</a>			

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**Note: If no contract is listed contact the CT BHP at 1-877-552-8247**

ProviderConnect Staging

ProviderConnect Home

Bed Tracking

Provider Name: HARTFORD HOSPITAL, Vendor ID: VCB004968

Please select the contract for which you are completing Bed Tracking information.

[BEHAVIORAL HEALTH PARTNERS \(KIDCARE\)](#)

Back Cancel

6. Select the section to update
  - Click the "+" sign next to the Level of Care (Residential or Group Home) that is being updated.

Bed Tracking

Provider Name: Temp Provider, Vendor ID: VCB007022

☒ R - RESIDENTIAL \*\* Contract Code: 38, Contract Association: CBHP, Parent: BHK \*\*

Back Cancel



## Viewing and Updating Bed Availability Information, *continued*

7. The section will expand and display bed availability information fields.
  - a. **Total Number of Licensed Beds** – Displays the number of Licensed Beds at the providers Residential/Group Home service location that was chosen.
  - b. **Beds Occupied by Other Insured** – Open text field for users to update for the weekly bed availability information update.
8. Users can Click the “+” sign next to each section to view/update information.
  - **Projected Discharges** – Section will list all members currently authorized at this service location. Users enter the projected/actual discharge date and if the bed will be reserved for Other Insured (as applicable).

Projected R - RESIDENTIAL Discharges

Member ID	Member Name	Date of Birth	Estimated Discharge Date on File	Projected or Actual Discharge Date	Bed Reserved for Other Insured
TEMPCT4321	Sparrow, Jack	11241997		09212010	<input type="checkbox"/>
TEMP000700118	MULL, MEGHAN	01012000	08312010		<input type="checkbox"/>

- **Other Insured Occupied Beds for Discharge** – Section allows users to enter the projected/actual discharge date of Other insured if that projected discharge bed will be reserved for Other Insured and the gender of that member

Other Insured Occupied Beds for Discharge

Bed	Projected or Actual Discharge Date	Bed Reserved for Other Insured	Gender
Bed 1		<input type="checkbox"/>	SELECT...
Bed 2		<input type="checkbox"/>	SELECT...

- **Projected Admissions** – When expanded, this section will list any member that has been matched and approved for admission by the facility with their projected admission date.

Projected Admissions

Member ID	Member Name	Date of Birth	Vacancy Type	Projected Admission Date
CT005555555	Doe, John	04271998	CURRENT VACANCY	10082010

- **Held Beds for Match/Admit Decision** – When expanded, this section will list any member that has been matched and approved for admission by the facility.

Held Beds for Match/Admit Decision

Member ID	Member Name	Date of Birth	Vacancy Type	Date Notified	Decision
005555551	Smith, John	09091996	CURRENT VACANCY	08172010	ACCEPT
005555552	Doe, Jane	09211995	CURRENT VACANCY	08282010	ACCEPT



## Introduction: RTC/GH Requests (MTPPR Form)

---

**Introduction** This section focuses on ***RTC/GH Review/Auth (MTPPR Form)*** of the Residential and Group Home Care Management Process.

ProviderConnect provides the ability for providers to complete concurrent requests for authorizations for Residential Treatment Center (RTC) or Group Home (GH) care in an easy-to-follow workflow. For providers, the completion of a request for RTC or GH authorization is how they will submit the latest MTPPR information.

Within the request process, critical clinical information can be documented through reportable fields, some of which are required for completing the request. Once all clinical information is entered, the request is submitted and pended for further review by CT BHP. The request submitted will be used as the concurrent review/authorization.

---

**What is Covered in this Section?** This section covers the RTC/GH Requests (MTPPR Form) process, which includes the following key function:

- Completing RTC/GH Requests (MTPPR Form) – This function focuses on completing and submitting concurrent RTC/GH Requests for Authorizations which is how MTPPR Forms are submitted by providers.

---

**Phase 3 Training Objectives** As a result of this section, you will be able to:

- Access the Request for Services function.
- Complete a request for RTC or GH authorization (i.e. MTPPR form).

---



## Features: RTC/GH Requests (MTPPR Form)

---

### **Validations and Checks**

When completing RTC/GH requests for authorization, there are a few system checks that are completed at the beginning of the request to help prevent providers from proceeding with a request where, for example, the member is not DCF funded or the provider isn't contracted to provide the service.

---

### **Saving Requests as Drafts**

While working with requests for authorizations in ProviderConnect, providers have the ability to save a request as a draft in the event that they cannot complete it at the time the request was started. (Page 36) Saved drafts can be viewed and opened by providers from the View Clinical Drafts screen accessible from the ProviderConnect homepage.

When a record is saved as a draft, it is NOT available in CareConnect for clinical staff to review. The record is only accessible and available to providers in ProviderConnect until the provider submits the record. Once submitted, the provider can no longer access the record for updates or changes in ProviderConnect, but it becomes available to internal staff through CareConnect.

---

### **Concurrent MTPPR Requests**

For RTC/GH requests, providers will have the ability to submit concurrent MTPPR requests. ProviderConnect will automatically determine when an MTPPR request is concurrent by a validation check on the Requested Start Date and Admit Date field entered. The validation process will check for existing MTPPR on file for the same member, provider and other matching criteria.

For RTC/GH requests, the first MTPPR will most likely have very little pre-populated data since much of the information required has not been completed yet. However, for subsequent concurrent MTPPR reports, much of the MTPPR data completed will auto-populate to the next MTPPR request, which leaves the ability to quickly update the information as needed.



## Completing RTC/GH Requests (MTPPR Form)

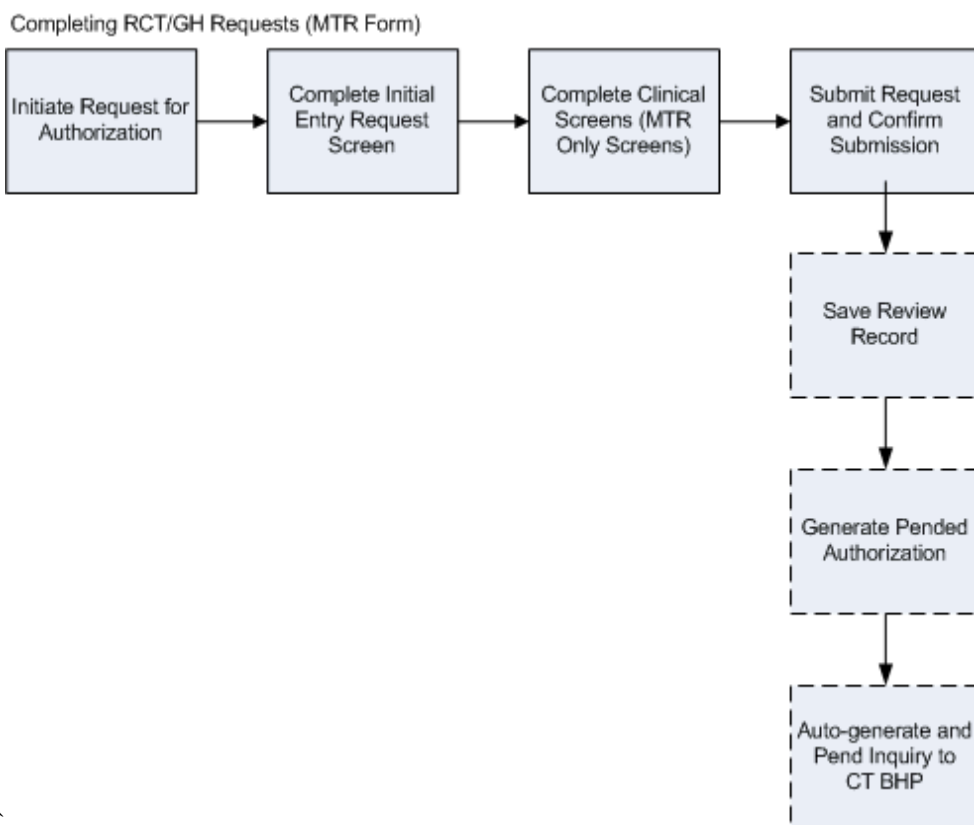
**Overview** Providers use the Request for Authorization process to complete and submit RTC/GH Requests, which equates to completing the MTPPR Form. Once the request is submitted, CT BHP staff determines if the request will be used for a concurrent review. Regardless of what the request is used for, the process for completing the request or the MTPPR form is the same for providers in ProviderConnect.

**Key Steps** The key steps for completing RTC/GH Requests (MTPPR Form) include:

1. Initiate a Request for Authorization.
2. Complete the initial entry request screen.
3. Complete the clinical screens (MTPPR Only screens)
4. Submit Request and confirm submission.

Details about each key step follow.

### Workflow





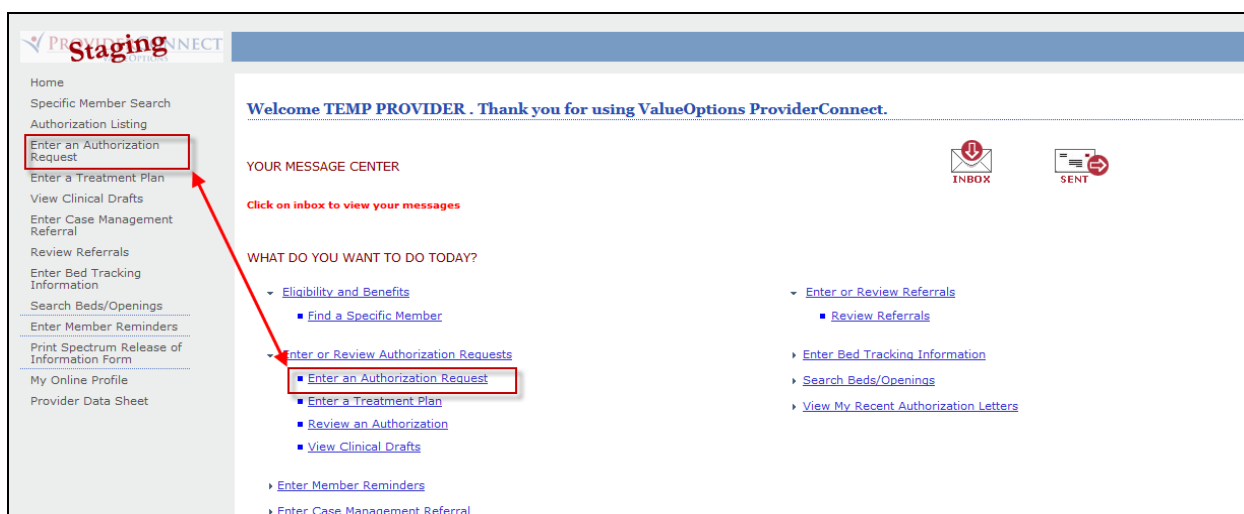
## Completing RTC/GH Requests (MTPPR Form), *continued*

### Key Step 1: Initiate a Request for Authorization

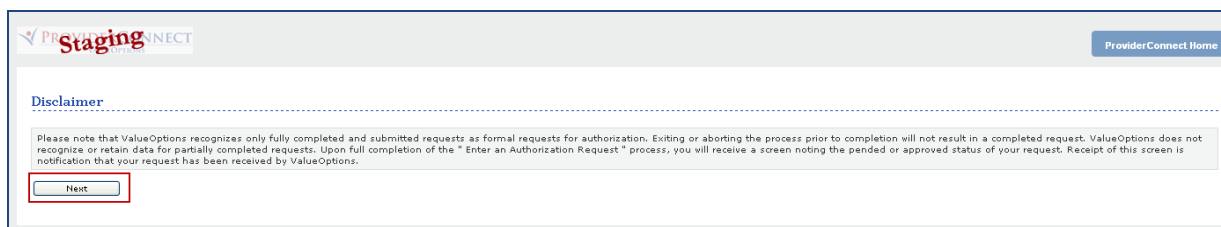
The request for authorization function can be accessed from the ProviderConnect Homepage when the **Enter an Auth Request** button is clicked.

Below are the key steps for completing this process. Any field with an asterisk indicates that the field is required.

1. Access the Authorization Request Function
  - Click Enter Authorization Request Link from either the left navigation or Homepage of ProviderConnect
  - The Disclaimer screen will display



2. Review the Disclaimer and click the **Next** button
  - If you do not want to continue, click the **ProviderConnect Home** button in the upper right corner to exit the Authorization Request function.





## Completing RTC/GH Requests (MTPPR Form), *continued*

3. Search for member Record. **ENTER THE MEDICAID ID AND DATE OF BIRTH ONLY. PLEASE LEAVE THE “AS OF DATE” WITH TODAY’S DATE.**

**ProviderConnect Staging**

### Search a Member

Required fields are denoted by an asterisk ( \* ) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

\*Member ID  (No spaces or dashes)

Last Name

First Name

\*Date of Birth  (MMDDYYYY)

As of Date  (MMDDYYYY)

4. Click the **Next** button on the Member record (below) to continue
  - The **Select Service Address** screen will display next.

**ProviderConnect Staging** [ProviderConnect Home](#)

Demographics **Enrollment History** COB Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member?		Eligibility	
Member ID	TEMP000700074	Effective Date	08/04/2010
Alternate ID		Expiration Date	
Member Name	WOODSIN, LAMONYNE	COB Effective Date?	
Date of Birth	02/28/1995		
Address	500 ENTERPRISE DR HARTFORD, CT 06183		
Alternate Address			
Marital Status	-		
Home Phone			
Work Phone			
Relationship	1		
Gender	M - Male		

**Subscriber**

Subscriber ID	TEMP000700074
Subscriber Name	WOODSIN, LAMONYNE



## Completing RTC/GH Requests (MTPPR Form), *continued*

5. Locate and select the Service Address/Vendor.

- Click the radio button next to the address to select the record.
- The record that is selected will be attached to the request and authorization that will be created.
- Click the Next button to continue.
- The **Initial entry Request** screen will display

**Provider**

Provider ID: PROVIDER, TEMP (CBHP002120) | Provider Last Name: TEMP PROVIDER | Provider First Name:

**Select Service Address**

Capture	Provider	Last Name	Vendor	Vendor Last Name
	Provider ID	First Name	Vendor ID	Vendor First Name
	Tax ID	Service Address	Paid To Vendor ID	Pay To Address
	Alternate ID			
<input checked="" type="radio"/>	CBHP002120	TEMP PROVIDER 500 ENTERPRISE DR-TEST STE 40 ROCKY HILL, CT 06067-3913-	VCB003159	TEMP PROVIDER 500 ENTERPRISE DR-TEST STE 40 ROCKY HILL, CT 06067-3913-
<input type="radio"/>	CBHP002120	TEMP PROVIDER	VCB005769	TEMP PROVIDER
	999999999	500 ENTERPRISE DR STE 40 ROCKY HILL, CT 06067-3913-		500 ENTERPRISE DR STE 40 ROCKY HILL, CT 06067-3913-
	999999999			

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On the Requested Services Header, the 1<sup>st</sup> required field is the requested start date. This date should be obtained via the MTPPR Scheduling Tool. The Admit Date must match the original intake date for the MTPPR Concurrent to Attach.

**ProviderConnect Staging** | ProviderConnect Home

**Requested Services Header**

All fields marked with an asterisk (\*) are required.  
Note: Disable pop-up blocker functionality to view all appropriate links.

\*Requested Start Date (MMDDYYYY): 04082015 | \*Level of Service: INPATIENT/HLOC

\*Type of Service: MENTAL HEALTH | \*Level of Care: RESIDENTIAL | Type of Care: RESIDENTIAL TREATMENT CENTER - OTHER | \*Admit Date (MMDDYYYY): 04082015

\*Has the member already been admitted to the facility? ☒ Yes ☐ No | Admit Time (HHmm): 0000

**Provider**

Tax ID: | Provider ID: CBHP002120 | Provider Last Name: TEMP PROVIDER | Vendor ID: VCB003159 | Provider Alternate ID: TEMPFAC

**Member**

Member ID: TEMP000981339 | Last Name: PROVIDER | First Name: IVANNA | Date of Birth (MMDDYYYY): 01011995

**Attach a Document**

Complete the form below to attach a document with this Request  
The following fields are only required if you are uploading a document

\*Document Type: | Does this Document contain clinical information about the Member? Yes ☐ No ☐

\*Document Description: SELECT... | UploadFile | Click to attach a document | Delete | Click to delete an attached document

Attached Document:

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## Completing RTC/GH Requests (MTPPR Form), *continued*

### Key Step 2: Complete Initial Entry Request Screen

The second key step is to complete the initial entry screen of the request. The information entered on this screen is critical for the system to determine if the request should be concurrent. Specifically, ProviderConnect will check for existing authorizations where the following information matches:

- Member ID
- Provider ID
- Vendor ID
- Level of Service
- Requested Start Date
- Type of Service
- Level of Care
- Type of Care
- Admit Date
- Has the member already been admitted to the Facility

Below are the key steps for completing this process. Any field with an asterisk indicates that the field is required.

1. Enter the requested start date\*
  - This field will default to the current date

**Requested Services Header**

All fields marked with an asterisk (\*) are required.  
Note: Disable pop-up blocker functionality to view all appropriate links.

\*Requested Start Date (MMDDYYYY): 08302010

\*Level of Service: SELECT...

Provider		Member	
Tax ID: 060646668	Provider ID: CBHP002134	Member ID: TENP000700074	Last Name: WOODSIN
Provider Last Name: HARTFORD HOSPITAL	Vendor ID: VCB003426	First Name: LAMONYNE	Date of Birth (MMDDYYYY): 02281995

**Attach a Document**

Complete the form below to attach a document with this Request  
The following fields are only required if you are uploading a document

\*Document Type: SELECT... Yes ☐ No ☐

\*Document Description: SELECT... UploadFile Click to attach a document Delete Click to delete an attached document

Attached Document:

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**\*IMPORTANT! PLEASE NOTE:** The Requested Start Date must be the following day of the last authorized end date in order for the MTPPR request to be considered a concurrent. Users should always verify the last authorized end date on the Auth Summary tab of the member's authorization before beginning the member's MTPPR.

*Example 1:* The member is authorized for Residential/Group Home Services from:  
11/01/14 – 12/01/14 for 30 units.  
The Requested Start Date for the first MTPPR should be 12/02/2014.

*Example 2:* The member was authorized for Residential/Group Home Services from:  
Auth line 1: 11/01/14 – 12/01/14 for 30 units.  
Auth line 2: 12/02/14 – 01/02/15 for 30 units.  
The Requested Start Date for the next MTPPR should be 1/03/15.



## Completing RTC/GH Requests (MTPPR Form), *continued*

### 2. Select the Level of Service \*= Inpatient/Higher Level Of Care

- When the level of service is selected, the screen will update with the required fields specific to the level of service selected.

**Requested Services Header**

All fields marked with an asterisk (\*) are required.  
Note: Disable pop-up blocker functionality to view all appropriate links.

\*Requested Start Date (MMDDYYYY)  
08302010

\*Level of Service  
SELECT...  
SELECT...  
INPATIENT/HLOC  
OUTPATIENT/COMMUNITY BASED

**Provider**  
Tax ID: 060646668  
Provider ID: CBNP002134  
Provider Last Name: HARTFORD HOSPITAL  
Vendor ID: VCB003426  
Provider Alternate ID: 000050079

**Member**  
Member ID: TENP000700074  
Last Name: WOODSIN  
First Name: LAMONYNE  
Date of Birth (MMDDYYYY): 02281995

**Attach a Document**

Complete the form below to attach a document with this Request  
The following fields are only required if you are uploading a document

\*Document Type: SELECT...  
Does this Document contain clinical information about the Member? Yes ☐ No ☐  
\*Document Description: SELECT...  
UploadFile Click to attach a document Delete Click to delete an attached document

Attached Document:

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### 3. Select the Type of Service, Level of Care and Type of Care for this request.

- The options available for the Level of Care field are based on the value selected for the Type of Service Fields
- The options available for the Type of Care field are based on the value selected for the Level of Care.
- For RTC or GH the following value combinations can be selected:

Type of Service	Level of Care	Type of Care
Mental Health	Residential Treatment Center	Residential Treatment Center – Other
		Group Home – 2.0
	Group Home	Group Home – 1.0
		Group Home – 1.5
Substance Abuse	Residential Treatment Center	Residential Treatment Center – Other

- The values selected must match the values selected on the initial request in order for the request to be considered concurrent.



## Completing RTC/GH Requests (MTPPR Form), *continued*

### 4. Enter the **Admit Date**

- The ADMIT DATE **must match the Admit Date on the initial review** in order for the request to be considered concurrent.
- Providers can verify the ADMIT DATE on the Auth Summary tab of the member's authorization.

**PR Staging CONNECT** ProviderConnect Home

**Requested Services Header**

All fields marked with an asterisk (\*) are required.  
Note: Disable pop-up blocker functionality to view all appropriate links.

\*Requested Start Date (MMDDYYYY) 04082015

\*Level of Service INPATIENT/HLOC

\*Type of Service MENTAL HEALTH

\*Level of Care RESIDENTIAL

Type of Care RESIDENTIAL TREATMENT CENTER - OTHER

\*Admit Date (MMDDYYYY) 04082015

\*Has the member already been admitted to the facility? ☒ Yes ☐ No

Admit Time (HHmm) 0000

Provider				
Tax ID	Provider ID	Provider Last Name	Vendor ID	Provider Alternate ID
	CBHP002120	TEMP PROVIDER	VCB003159	TEMPEAC

Member			
Member ID	Last Name	First Name	Date of Birth (MMDDYYYY)
TEMP000981339	PROVIDER	IVANNA	01011995

**Attach a Document**

Complete the form below to attach a document with this Request  
The following fields are only required if you are uploading a document

\*Document Type: Does this Document contain clinical information about the Member? Yes ☐ No ☐

\*Document Description: SELECT...

UploadFile Click to attach a document Delete Click to delete an attached document

Attached Documents:

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### 6. Attach a Document. (Not Required for Residential/Group Home Requests)

- A document can be sent to CT BHP along with the request.
- Complete the information about the **Document Type** and select the **Document Description**.
- Click the **Upload File** button to search for and attach the document

**PR Staging CONNECT** ProviderConnect Home

**Requested Services Header**

All fields marked with an asterisk (\*) are required.  
Note: Disable pop-up blocker functionality to view all appropriate links.

\*Requested Start Date (MMDDYYYY) 09302010

\*Level of Service INPATIENT/HLOC

\*Type of Service MENTAL HEALTH

\*Level of Care RESIDENTIAL

Type of Care RESIDENTIAL TREATMENT CENTER - OTHER

\*Admit Date (MMDDYYYY) 09272010

Provider				
Tax ID	Provider ID	Provider Last Name	Vendor ID	Provider Alternate ID
060646668	CBHP002134	HARTFORD HOSPITAL	VCB003426	060650029

Member			
Member ID	Last Name	First Name	Date of Birth (MMDDYYYY)
TEMP000700074	WOODSIN	LAMONYNE	02281995

**Attach a Document**

Complete the form below to attach a document with this Request  
The following fields are only required if you are uploading a document

\*Document Type: HIGHER LEVEL OF CARE TREATMENT REQUEST

\*Document Description: HIGHER LEVEL OF CARE TREATMENT REQUEST

UploadFile Click to attach a document Delete Click to delete an attached document

Attached Documents:

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## Completing RTC/GH Requests (MTPPR Form), *continued*

### 7. Click the **Next** button.

- The system will complete request validations and warning messages will display at this time if the validations are not passed.
- If no document has been attached, warning messages will pop-up to confirm if you want to proceed without attaching a document. Click the **OK** button to proceed or the **CANCEL** button to upload an attachment.

The screenshot shows the 'Requested Services Header' section of the MTPPR form. A warning message is displayed in a white box with a red arrow pointing to the 'OK' button. The message reads: 'WARNING: You have not attached a document to this Request. Please click CANCEL to return to the screen to attach a document or click OK to proceed with your request without attaching a document.' The form fields include: Requested Start Date (04082015), Level of Service (INPATIENT/HLOC), Type of Service (MENTAL HEALTH), Level of Care (RESIDENTIAL), Type of Care (RESIDENTIAL TREATMENT CENTER - OTHER), Admit Date (04082015), and Admit Time (HHmm). Below the warning, the 'Attach a Document' section is visible, showing fields for Document Type, Document Description, and an UploadFile button.

If the request is considered concurrent, a screen will display with following options:

- **Process Continuing Care (Concurrent) Request** – When clicked, the request will continue as a concurrent request and the first clinical screen will display.
- **Process Discharge** – When clicked, the Inpatient Discharge screen will display and the request will NOT be continued.
- **Cancel** – When clicked, you are returned to the Initial Entry Request screen.
- If a concurrent request is expected but the “message” ‘Initial Request not allowed for this Level of Care’ displays, then exit and restart the request or contact the CT BHP at 1-877-552-8247

The screenshot shows the 'Requested Services Header' section of the MTPPR form. A message is displayed: 'There is an existing authorization that bridges this date range. Is this a request for continuing care (concurrent request) or do you wish to enter Discharge information?'. Below the message are three buttons: 'Process Continuing Care (Concurrent) Request', 'Enter Discharge Information', and 'Cancel'. The form fields include: Requested Start Date (08/08/2010), Member Name (TOMPKINS, JOUFI), Provider Name (WHEELER CLINIC INC.), Vendor ID (VCB003370), Type of Request (CONCURRENT), Member ID (TEMP00070081), Provider ID (CBHP000766), Provider Alternate ID (004039368), NPI # for Authorization (SELECT...), Level of Service (INPATIENT/HLOC), Type of Service (Mental Health), Level of Care (Group Home), and Type of Care (Group Home - 2.0).



## Completing RTC/GH Requests (MTPPR Form), *continued*

- Key Step 3: Complete Clinical Screens** There are ten (3) screens within the CT BHP IP/HLOC clinical review workflow, which is the flow used for RTC and GH requests.
1. **Level of Care/Diagnosis**
  2. **Clinical Presentation/Medication/ Treatment**
  3. **Additional MTPPR Information**

For concurrent RTC/GH requests, all screens will need to be completed and providers will not be able to 'skip' any screens. The providers must complete all screens and the amount of information collected within each screen varies and not all fields are required.

### **IMPORTANT NOTE: Saving Requests as Drafts**

Once the MTPPR screens in ProviderConnect have been accessed, providers have the ability to save a request as a draft in the event that they cannot complete it at the time the request was started. Users can click Save Request as Draft on the top right of the screen.

Saved drafts can be viewed and opened by users or an authorized user (supervisor) from the View Clinical Drafts screen accessible from the ProviderConnect homepage. (See pg 12)



## Completing RTC/GH Requests (MTPPR Form), *continued*

### Key Step 4: Complete Clinical Screens - Level of Care Screen

The Level of Care screen is the first screen that will display after the Initial Entry screen. For RTC and GH requests, the RTC/GH Information section will automatically expand and display all the fields that must be completed. *For the first concurrent request, most fields will be blank and must be completed.* However, for subsequent concurrent requests, most data will be pre-populated.

Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required.

Step	Action
1	*Enter the calling Provider/Facility into the <b>open text entry</b> field.
2	If member's LMHA involved, Select the LMHA from the drop down selection
3	*Enter the Aftercare Follow-Up contact information for member-please provide at least one method for contacting member for follow-up. <ul style="list-style-type: none"> <li>• Phone Number</li> <li>• If not available, please clarify reason</li> <li>• Email Address if available</li> </ul>
4	*Enter Admitting Physicians Name
5	*Enter Admitting Physicians Phone Number
6	*Enter Attending Physicians Name
7	*Enter Attending Physicians Phone Number
8	*Enter the Preparers Name (the clinician who is entering this review)
9	*Enter the Preparers Phone Number ((the clinician who is entering this review)
10	*Enter the Utilization Review Contact Name
11	*Enter the Utilization Review Contact Phone
12	*Enter the Utilization Review Contact Fax
13	*Enter the Name of Place/Facility/Institution who Referred member
14	*If Child, DCF Legal status: select the check box that applies
15	*Indicate Gender
16	*Indicate Gender Comment
17	*Link Person Number
18	*Area Office
19	*AO BHPD/Parole Officer Name
20	*AO BHPD/Parole Officer Phone
21	*AO BHPD/Parole Officer Fax
22	*DDS CAMRIS ID
23	*Date of RTC/GH Admission (Ex: 01012015)
24	*Child's Guardian
25	*Child's Attorney
26	*Facility Program
27	*Facility Unit
28	*Facility Clinician
29	*Facility Phone



## Completing RTC/GH Requests (MTPPR Form), *continued*

### Key Step 5: Complete Clinical Screens – Diagnosis Screen

The Diagnosis screen is the first screen that will display after the Initial Entry screen. Much of the information is required for completion of this screen.

Documentation of Primary Behavioral Condition is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of secondary co-occurring behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care.

Below are the key actions for completing this screen. Any field with an asterisk indicates that the field is require

Step	Action
1	*The Primary Diagnostic Category 1 is the main diagnosis and should be the reason for the members decompensation to Inpatient Care
2	Enter the Diagnosis Code 1 or a brief Description and select the hyperlink

**Behavioral Diagnoses**

Primary Behavioral Diagnosis

\* Diagnostic Category 1  
SELECT...

\* Diagnosis Code 1  
F20.9

\* Description

Additional Behavioral Diagnosis

Step	Action
3	System users can enter a partial diagnosis and then click on the hyperlink to view a filtered list of those ICD-10 codes that match their search criteria.
4	Once a user clicks on the appropriate code in any of the pop-up windows, all other fields will populate

**Behavioral Diagnoses**

Primary Behavioral Diagnosis

\* Diagnostic Category 1  
SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS

\* Diagnosis Code 1

\* Description  
Schizophrenia

Category	Code	Description
SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS	<u>F28</u>	OTHER SPECIFIED SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDER
SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS	<u>F20.9</u>	SCHIZOPHRENIA
SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS	<u>F29</u>	UNSPECIFIED SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDER



## Completing RTC/GH Requests (MTPPR Form), *continued*

**Behavioral Diagnoses**

Primary Behavioral Diagnosis

\* Diagnostic Category 1: SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISOR[  
 \* [Diagnosis Code 1](#): F20.9  
 \* [Description](#): Schizophrenia

Step	Action
5	System users may choose to first select a Medical Diagnostic category and then utilize the Diagnosis Code and/or Description field hyperlinks to locate the appropriate Medical Diagnosis.
6	System users can enter a partial medical diagnosis and then click on the hyperlink to view a filtered list of ICD-10 codes that match their search criteria.
7	If there is "No" Medical Diagnosis or it is "Unknown", please select one of the options under the Diagnostic Category. No Diagnosis Code or Description are needed if the selection is "None" or "Unknown".

**Primary Medical Diagnoses**

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

\* Diagnostic Category 1: SELECT...  
 \* [Diagnosis Code 1](#):  
 \* [Description](#):

Diagnostic Category 2: SELECT...  
 \* [Diagnosis Code 2](#):  
 \* [Description](#):

GENITOURINARY SYSTEM - KIDNEY  
 GENITOURINARY SYSTEM - OTHER  
 INFECTIOUS & PARASITIC - HIV  
 INFECTIOUS & PARASITIC - OTHER  
 INJURY, POISONING & OTHER EFFECTS OF EXT CAUSES - OTHER  
 INJURY, POISONING & OTHER EFFECTS OF EXT CAUSES - TBI  
 MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE  
 NERVOUS SYSTEM - CHRONIC PAIN, OTHER  
 NERVOUS SYSTEM - MIGRAINE, EPILEPSY, STROKE  
 NERVOUS SYSTEM - MULTIPLE SCLEROSIS  
 NERVOUS SYSTEM - OTHER  
 NERVOUS SYSTEM - PARKINSONS, EPS  
 PERINATAL PERIOD  
 PREGNANCY, CHILDBIRTH AND THE PUERPERIUM  
 RESPIRATORY SYSTEM - COPD, ASTHMA, EMPHYSEMA  
 RESPIRATORY SYSTEM - OTHER  
 SKIN & SUBCUTANEOUS TISSUE  
 SYMPTOMS, SIGNS & ABNORMAL CLINICAL/LAB  
 NONE  
 UNKNOWN

- A. **Partial Description** – We suggest for those system users that are new or unfamiliar to the ICD-10 Medical Diagnoses, to first enter a partial description of the medical condition then click the Description hyperlink.

**Primary Medical Diagnosis**

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

\* Diagnostic Category 1: SELECT...  
 \* [Diagnosis Code 1](#):  
 \* [Description](#): hyper



## Completing RTC/GH Requests (MTPPR Form), *continued*

- B. A partial description will bring up a pop-up window where users can view a filtered list of ICD-10 codes and descriptions that match their search criteria.

<a href="#">CLOSE WINDOW</a>		
Category	Code	Description
CIRCULATORY SYSTEM - HYPERTENSION	<a href="#">I10</a>	ESSENTIAL (PRIMARY) HYPERTENSION
CIRCULATORY SYSTEM - HYPERTENSION	<a href="#">I12</a>	HYPERTENSIVE CHRONIC KIDNEY DISEASE
CIRCULATORY SYSTEM - HYPERTENSION	<a href="#">I13</a>	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE
CIRCULATORY SYSTEM - HYPERTENSION	<a href="#">I11</a>	HYPERTENSIVE HEART DISEASE

- C. Once a user clicks on the appropriate code in the pop-up window, all other fields will populate.

Primary Medical Diagnosis		
Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.		
*Diagnostic Category 1	<a href="#">Diagnosis Code 1</a>	<a href="#">Description</a>
CIRCULATORY SYSTEM - HYPERTENSION	I10	Essential (primary) hypertension

\*There is additionally an open text field for other specific medical conditions. You can then enter information such as Behavioral Health “Rule Outs” and “In Remissions” and other specific Medical Conditions.

Other specific medical conditions (28 of 2000)
ANY HISTORY AND IN REMISSION

The next section has been named **Social Elements Impacting Diagnosis**. Additionally, the “Housing Problems” checkbox has been divided into “Housing Problems (Not Homelessness)” and “Homelessness.”

Step	Action
1	To complete this section, simply click the check boxes for any of the factors that impact the member. It is okay to select more than one check box. At least 1 check box must be selected.
2	If there are no social elements impacting the member, select the “None” checkbox.
3	If social elements have not been assessed yet, select the “Unknown” checkbox
4	If Other Psychosocial and Environmental Problems is selected, an open text field will open and require you to enter what the other is.



## Completing RTC/GH Requests (MTPPR Form), *continued*

**Social Elements Impacting Diagnosis**

\* Check all that apply

☐ None

☒ Educational problems

☐ Financial problems

☐ Medical disabilities that impact diagnosis or must be accommodated for in treatment

☐ Problems with access to health care services

☐ Problems related to interaction w/legal system/crime

☒ Problems with primary support group

☐ Housing problems (Not Homelessness)

☒ Occupational problems

☐ Other psychosocial and environmental problems

☒ Problems related to the social environment

☐ Homelessness

☐ Unknown

The next section is named “**Functional Assessment**” and will allow users to enter up to 2 different assessment measures and scores. While 2 assessments can be entered, **users are not required to enter any information in this section as it is optional.**

Step	Action
1	To complete this section, simply click the dropdown for the Assessment Measure
2	If an ‘Assessment Measure’ is selected in the drop down, then an ‘Assessment Score’ must be entered into the corresponding field as well.
3	If an Assessment Measure is not listed in the dropdown, “Other” can be selected
4	If “Other” is selected an open text box will appear. Please enter the “Other” test and the Assessment score of that test.

**Functional Assessment**

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure  Assessment Score

Secondary Assessment Measure  Assessment Score

**A. Select the appropriate Assessment Measure from the drop down menu and enter the Assessment Score.**

Assessment Measure  Assessment Score  Secondary Assessment Measure  Assessment Score

SELECT...  
CDC HRQOL  
CGAS  
FAST  
GAF  
OTHER  
OMFAQ  
SF12  
SF36  
WHO DAS

**B. Users can select from the following assessment measures. If you are using a different assessment measure, then select ‘Other’ from the drop down menu.**



## Completing RTC/GH Requests (MTPPR Form), *continued*

### Below is a Key for the Assessment Measure List:

- **CDC HRQL** = Center for Disease Control - Health-Related Quality of Life
- **CGAS** = Children's Global Assessment Scale
- **FAST** = Functional Assessment Staging Test
- **GAF** = Global Assessment of Functioning
- **OMFAQ** =(Older Americans Resources and Services) **Multidimensional Functional Assessment** Questionnaire)
- **SF12** = **Quality of Life Assessment** Using the **Short Form-12 Questions**)
- **SF36** =**Quality of Life Assessment** Using the **Short Form-36 Questions**)
- **WHO DAS** = World Health Organization Disability Assessment Schedule

The next section is named “**Medical Implications**” and will ask users to answer (2) questions.

Step	Action
1	To complete this section, simply click the radio button that best answers the question for the member.
2	Are there comorbid medical conditions that impact the treatment of the diagnosed “MHSA” (Mental Health Substance Use) conditions? Yes, No, or Unknown
3	Is the member receiving appropriate medical care for the comorbid medical conditions? Yes, No. or Unknown

#### Medical Implications

Are there any comorbid medical conditions that impact the treatment of the diagnosed MHSA conditions?

Is the member receiving appropriate medical care for the comorbid medical conditions?

☐ Yes ☒ No ☐ Unknown  
☐ Yes ☒ No ☐ Unknown

The next section is named “**Metabolic Assessment Tool**”, it is not required.

Step	Action
1	To complete this section, simply enter the members weight (lbs.), height (feet/inches) & waist circumference (inches)
2	The BMI number will auto generate along with “Results of BMI indicate the member may be” & the “Recommendation”. The Results of the Metabolic Syndrome Assessment will also auto populate.
3	If BMI not assessed please indicate by selecting the check box
4	And if the BMI was not assessed, then please provide additional information on reason for not obtaining BMI or if recommendation is to follow-up, details around the follow-up when available in the open text field.
5	Select Next at the bottom of the page to move to the next Tab



**Metabolic Assessment Tool**

Current Weight  lbs Height  ft  in Waist Circumference in inches  in BMI

BMI Categories: Underweight < 18.5 Normal weight = 18.5-24.9 Overweight = 25-29.9 Obese = BMI of 30 or greater.

Results of BMI indicate that the member may be  Recommendation

Additional information on Metabolic Syndrome and assessment tools are available at <http://www.valueoptions.com/providers/Protocols.htm>. A direct link to the page is available on the Provider Home Page of ProviderConnect under Clinical Support Tools or you may click on the above link to open directly in a separate browser window.

Results of Metabolic Syndrome Assessment

☐ BMI not assessed

Please provide additional information on reason for not obtaining BMI or if recommendation is to follow-up, details around the follow-up when available.

Narrative Entry (0 of 2000)

Back Next

**Key Step 7:  
Complete the  
Clinical Screens  
– Clinical  
Presentation/  
Medication/Treat  
ment Screen**

The Clinical Presentation/Medication/Treatment screen captures a snapshot of the member's current mental status by allowing providers to first enter the Symptomatology. The Narrative entry is required and is looking for the following information below:

***Please explain the reason for current admission (describe symptoms) and include the precipitant (what stressor or situation led to this decompensation). If this is a concurrent request, please list both the progress that has been made to date, and what symptoms still remain.***

**PROVIDERCONNECT**  
ValueOptions

LEVEL OF CARE / DIAGNOSIS **CLINICAL PRESENTATION / MEDICATION / TREATMENT** ADDITIONAL MTPPR INFORMATION

**Requested Services Header**

Requested Start Date 04/15/2015	Member Name PROVIDER, IVANNA	Provider Name TEMP PROVIDER,	Vendor ID VCB003159	Save Request as Draft
Type of Request INITIAL	Member ID TEMP000981339	Provider ID CBHP002120	Provider Alternate ID TEMPAC	NPI # for Authorization SELECT...
Level of Service INPATIENT/HLOC	Type of Service Mental Health	Level of Care Inpatient	Type of Care Inpatient Hospital - Inpatient Hospital	Authorized User

**Symptomatology**

Please explain the reason for current admission (describe symptoms) and include the precipitant (what stressor or situation led to this decompensation). If this is a concurrent request, please list both the progress that has been made to date, and what symptoms still remain.

Narrative Entry (0 of 2000)

**Below the Symptomatology is an abbreviated risks section**

**Key:**  
0 = None 1 = Mild or Mildly Incapacitating 2 = Moderate or Moderately Incapacitating 3 = Severe or Severely Incapacitating N/A = Not Assessed

**\* Member's Risk to Self**  
0 1 2 3 N/A

**\* Substance Use**  
0 1 2 3 N/A

**\* Member's Risk to Others**  
0 1 2 3 N/A

**\* Legal**  
0 1 2 3 N/A



## Completing Initial Inpatient/HLOC Requests, continued

Action	
1	Select the radio button for the following field: <ul style="list-style-type: none"> <li><b>Members Risk to Self</b>- Please Indicate (1,2,3 or N/A) <i>(Please note: By indicating 2 or 3 will open up a Danger to Self-Symptom Complex Box narrative in the primary Issues/Symptoms addressed in Treatment Area)</i></li> </ul>
2	Select the radio button for the following fields: <ul style="list-style-type: none"> <li><b>Members Risk to Others</b>- Please Indicate (1,2,3 or N/A) <i>(Please note: By indicating 2 or 3 will open up a Danger to Others-Symptom Complex Box narrative in the primary Issues/Symptoms addressed in Treatment Area)</i></li> </ul>
3	Select the radio button for the following fields: <ul style="list-style-type: none"> <li><b>Substance Use</b>- Please Indicate (1,2,3 or N/A) <i>(Please note: By indicating 2 or 3 will open up a Substance Use Symptom Complex Box narrative in the primary Issues/Symptoms addressed in Treatment Area)</i></li> </ul>
4	Select the radio button for the following fields: <ul style="list-style-type: none"> <li><b>Legal</b>- Please Indicate (1,2,3 or N/A) <i>(Please note: By indicating 1, 2 or 3 will open up a field which requires the user to indicate the following legal issue: Juvenile Justice, Parole, Probation or Other Court)</i></li> </ul>

Step	Action
1	Select the radio button for the following field: (*not required unless SA Primary) <ul style="list-style-type: none"> <li><b>Urine drug screen</b>- Please Indicate (Yes, No or Unknown)</li> </ul>
2	Select the radio button for the following fields: (*not required unless SA Primary) <ul style="list-style-type: none"> <li><b>Outcome of UDS</b>- Please Indicate (Positive, Negative or Pending)</li> </ul>
3	Enter the Date of Urine Drug Screen: (*not required unless SA Primary) <ul style="list-style-type: none"> <li><b>MMDDYYYY format</b> or select the calendar button and select the date</li> </ul>
4	Enter the <b>COWS &amp; CIWA</b> : (*not required unless SA Primary) <ul style="list-style-type: none"> <li><b>COWS</b> scale for Opiate Withdrawal: 5-12: mild 13-24: moderate 25-36: moderately severe &gt;36: severe withdrawal</li> <li><b>CIWA</b> for ETOH withdrawal: &lt; 8: no concern 9-15: mild to moderate concern 16+: needs aggressive intervention- potential delirium</li> </ul>
5	Positive for: Check all that apply (*not required unless SA Primary) <ul style="list-style-type: none"> <li><b>Select Check boxes:</b> Cannabis, Opiates, Cocaine, Amphetamines, Tricyclic Antidepressants, Phenylpropanolamine, Benzodiazepines, Barbiturates, Methamphetamine, PCP (phencyclidine), LSD (Lysergic acid diethylamide), Methadone or Other</li> </ul>
6	*Enter the Blood Alcohol: if unknown, then select the checkbox N/A

Urine drug screen?

☐ Yes
☐ No
☒ Unknown

Outcome of UDS

☒ Positive
☐ Negative
☐ Pending

Date of Urine Drug Screen


COWS
CIWA

\* Blood Alcohol
☐
☒ N/A

Positive For  
Check all that apply

☐ Cannabis
☐ Benzodiazepines

☐ Opiates
☐ Barbiturates

☐ Cocaine
☐ Methamphetamine

☐ Amphetamines
☐ PCP (Phencyclidine)

☐ Tricyclic Antidepressants
☐ LSD (lysergic acid diethylamide)

☐ Phenylpropanolamine
☐ Methadone

☐ Other



## Completing RTC/GH Requests (MTPPR Form), *continued*

**Key Step 7:  
Complete the  
Clinical Screens  
– Clinical  
Presentation/  
Medication/Treat  
ment Screen**

### The Primary Issues/Symptoms Addressed in Treatment

Below are the key actions for completing this screen.

*Please Note: Symptom complexes are utilized for gathering clinical information specific to the primary behavioral diagnosis and/or risk. At times more than one complex may be identified for completion. Providing all the requested information in the identified complex (es) will assist in completing the authorization process and determining medical necessity. If this is a concurrent request, please update the identified complexes with any new information for each complex based on the individual's current symptomatology*

Step	Action
1	<p><b>*If Danger to Self-Symptom Complex is Required:</b> Indicate the following:</p> <ul style="list-style-type: none"> <li>PRESENTING PROBLEM (BEHAVIORAL DESCRIPTION OF ACUITY; DESCRIBE ANY ATTEMPT, RESCUE, SELF-RESCUE, LETHALITY, MEDICAL TREATMENT RECEIVED):</li> <li>IDEATION:</li> <li>PLAN:</li> <li>INTENT:</li> <li>MEANS:</li> <li>BASELINE (INCLUDE ANY SUICIDALITY, PARASUICIDALITY OR SELF-INJURIOUS BEHAVIOR AT BASELINE):</li> <li>DESCRIBE ANY HISTORY OF ATTEMPTS:</li> <li>TREATMENT HISTORY:</li> <li>ICM NEEDS (INCLUDING COMMUNITY, VO, CM, DM, ETC):</li> <li>OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:</li> </ul>
2	<p><b>*If Danger to Others-Symptom Complex is Required:</b> Indicate the following:</p> <ul style="list-style-type: none"> <li>PRESENTING PROBLEM (WHO IS THE INTENDED VICTIM? WHY DOES THE MEMBER WANT TO COMMIT HOMICIDE OR HARM?):</li> <li>IDEATION:</li> <li>PLAN:</li> <li>INTENT:</li> <li>MEANS:</li> <li>HOW IS THIS REFLECTIVE OF MENTAL ILLNESS VERSUS MALADAPTIVE SOCIAL BEHAVIOR?</li> <li>IS THERE A DUTY TO WARN?</li> <li>WILL PROVIDER DO THE DUTY TO WARN? (NOTE, IF PROVIDER WILL NOT DO DUTY TO WARN SPEAK WITH YOUR SUPERVISOR):</li> <li>BASELINE:</li> <li>DESCRIBE ANY HISTORY OF VIOLENCE (INCLUDING IF MEMBER HAS EVER ATTEMPTED TO KILL OR INFLICT SERIOUS HARM):</li> <li>LEGAL INVOLVEMENT (PAST OR PRESENT)?</li> <li>TREATMENT HISTORY:</li> <li>ICM NEEDS (INCLUDING COMMUNITY, VO, CM, DM, ETC):</li> <li>OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:</li> </ul>



Step	Action
3	<p><b>*If Psychosis-Symptom Complex is Required:</b> Indicate the following:</p> <ul style="list-style-type: none"> <li>PRESENTING PROBLEM (BEHAVIORAL DESCRIPTION OF SYMPTOMATOLOGY):</li> <li>DELUSIONS:</li> <li>HALLUCINATIONS:</li> <li>COMMAND HALLUCINATIONS:</li> <li>THOUGHT DISORDER:</li> <li>BASELINE:</li> <li>FIRST EPISODE?</li> <li>NEUROLOGICAL WORKUP NEEDED?</li> <li>IS MEMBER MEDICATION COMPLIANT?</li> <li>HAS PROVIDER EXPLORED PAST MEDICATIONS, COMPLIANCE, AND EFFECTIVENESS?</li> <li>IS THERE A NEED FOR DIFFERENT MEDICATION(S)?</li> <li>DESCRIBE PLAN FOR MEDICATION COMPLIANCE (INCLUDING SUPPORTS TO ASSIST PRN):</li> <li>TREATMENT HISTORY:</li> <li>ICM NEEDS (INCLUDING COMMUNITY, VO, CM, DM, ETC):</li> <li>OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:</li> </ul>
4	<p><b>*If Child/Adolescent Behavior-Symptom Complex is Required:</b> Indicate the following:</p> <ul style="list-style-type: none"> <li>PRESENTING PROBLEM (BEHAVIORAL DESCRIPTION OF BEHAVIORAL ISSUES):</li> <li>WHEN DO THESE BEHAVIORS TEND TO HAPPEN?</li> <li>WHEN WAS THE LAST TIME THESE BEHAVIORS OCCURRED?</li> <li>DO THESE BEHAVIORS OCCUR IN THE SCHOOL?</li> <li>IS SCHOOL INVOLVED IN CURRENT TREATMENT PLAN? DESCRIBE COORDINATION WITH SCHOOL.</li> <li>IS MEMBER INVOLVED WITH SPECIAL ED?</li> <li>DO THESE BEHAVIORS OCCUR IN THE HOME?</li> <li>HAVE FAMILY SESSIONS OCCURRED AS OFTEN AS NECESSARY?</li> <li>DO THE BEHAVIORS OCCUR IN THE COMMUNITY?</li> <li>LEGAL/SOCIAL SERVICE INVOLVEMENT?</li> <li>BASELINE:</li> <li>TREATMENT HISTORY:</li> <li>SPECIFIC TO BEHAVIOR PLAN, WHAT ASSISTANCE WILL FAMILY/GUARDIANS NEED IN ORDER TO MAINTAIN BEHAVIOR PLAN?</li> <li>ICM NEEDS (INCLUDING COMMUNITY, VO, CM, DM, ETC):</li> <li>OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:</li> </ul>
5	<p><b>*If Eating Disorder-Symptom Complex is Required:</b> Indicate the following:</p> <ul style="list-style-type: none"> <li>PRESENTING PROBLEM (DESCRIBE ANY BINGING, PURGING, RESTRICTING, OVER-EXERCISING, FOOD RITUALS, ETC):</li> <li>% IBW:</li> <li>ORTHOSTATIC BP: STANDING __/__; SITTING __/__</li> <li>EKG, ELECTROLYTES, OTHER LAB INFO:</li> <li>CO-MORBID MEDICAL ISSUES:</li> <li>CO-MORBID PSYCHIATRIC ISSUES:</li> <li>BASELINE:</li> <li>TREATMENT HISTORY:</li> <li>ICM NEEDS (INCLUDING COMMUNITY, VO, CM, DM, ETC):</li> <li>OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:</li> </ul>



Step	Action
6	<p><b>*If Neurocognitive-Symptom Complex is Required: Indicate the following:</b></p> <ul style="list-style-type: none"> <li>PRESENTING PROBLEM (BEHAVIORAL DESCRIPTION OF ACUITY):</li> <li>MEDICAL WORK UP NEEDED TO RULE OUT CAUSALITY OF SYMPTOMS?</li> <li>HAS A NEUROLOGICAL WORK UP BEEN COMPLETED?</li> <li>DOES MEMBER HAVE A UTI?</li> <li>OTHER LABS COMPLETED:</li> <li>WHAT IS THE MEMBER'S BASELINE? AND WHEN WAS S/HE LAST AT BASELINE?</li> <li>IS THE OP MED REGIMEN MONITORED FOR UNDER OR OVER MEDICATING?</li> <li>TREATMENT HISTORY:</li> <li>DOES THE FAMILY HAVE REASONABLE EXPECTATIONS ABOUT MEMBER'S ABILITY TO RETURN TO BASELINE (OR INABILITY TO RETURN TO BASELINE)?</li> <li>IS THE MEMBER FROM A NURSING HOME? IF SO, WILL THE NURSING HOME HOLD THE BED FOR MEMBER'S RETURN?</li> <li>IF MEMBER WAS LIVING AT HOME, WILL MEMBER BE ABLE TO RETURN HOME IF RECENT BASELINE IS ACHIEVED?</li> <li>ICM NEEDS (INCLUDING COMMUNITY, VO, CM, DM, ETC):</li> <li>OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:</li> </ul>
7	<p><b>*If Substance Use-Symptom Complex is Required: Indicate the following:</b></p> <ul style="list-style-type: none"> <li>PRESENTING PROBLEM (DRUG(S) OF CHOICE, ROUTE OF ADMINISTRATION, AMOUNT OF USE, FREQUENCY OF USE, AGE OF FIRST USE, DATE OF LAST USE ETC):</li> <li>PSYCHOLOGICAL &amp; LEGAL CONSEQUENCES OF USE:</li> <li>BASELINE:</li> <li>TREATMENT HISTORY (PREVIOUS ATTEMPTS AT TREATMENT &amp; OUTCOME):</li> <li>ICM NEEDS (INCLUDING COMMUNITY, VO, CM, DM, ETC):</li> <li>HISTORY OF DTS OR SEIZURES:</li> <li>COULD THE PATIENT BE USING DRUGS THAT WOULDN'T SHOW ON UDS?</li> <li>OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:</li> </ul>

**\*If SA Complex was required then continue to indicate the ASAM/ Other Patient Placement Criteria *then complete the 6 Dimension Checkboxes (Required)***

Step	Action
1	Indicate Dimension 1: Intoxication/Withdrawal Potential (Low, Medium or High)
2	Indicate Dimension 2: Biomedical Conditions (Low, Medium or High)
3	Indicate Dimension 3: Emot/Beh/Cogn Conditions (Low, Medium or High)
4	Indicate Dimension 4: Readiness To Change (Low, Medium or High)
5	Indicate Dimension 5: Relapse Potential (Low, Medium or High)
6	Indicate Dimension 6: Recovery Environment (Low, Medium or High)

8	<p><b>*If Mood Disorder-Symptom Complex is Required: Indicate the following:</b></p> <ul style="list-style-type: none"> <li>PRESENTING PROBLEM (BEHAVIORAL DESCRIPTION OF ACUITY):</li> <li>BASELINE:</li> <li>TREATMENT HISTORY:</li> <li>IF THERE ARE ANY PSYCHOTIC SYMPTOMS, HOW ARE THEY BEING ADDRESSED?</li> <li>IF AN ANTIPSYCHOTIC IS BEING USED (FOR PSYCHOSIS OR AS A MOOD STABILIZER), HAS METABOLIC TESTING BEEN DONE?</li> <li>IS THERE A SEASONAL COMPONENT?</li> <li>IS THIS POSTPARTUM ONSET?</li> <li>ICM NEEDS (INCLUDING COMMUNITY, VO, CM, DM, ETC):</li> <li>OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:</li> </ul>
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## Completing Initial Inpatient/HLOC Requests, continued

### \*Recovery and Resiliency

**Key Step 8:  
Complete the  
Clinical Screens  
Recovery and  
Resiliency  
Screen**

Please outline the recovery and resiliency environment to support this individual's long term recovery plan. Please include personal strengths, support systems available to support the recovery and details around living environment, as well as outline any identified needs or supports that need to be put in place to assist in the successful recovery.

### Recovery and Resiliency

Please outline the recovery and resiliency environment to support this individual's long term recovery plan. Please include personal strengths, support systems available to support the recovery and details around living environment, as well as outline any identified needs or supports that need to be put in place to assist in the successful recovery.

Narrative Entry
(0 of 2000)

### Medications


*(If member is currently not on Medication(s), this field is not required on the Initial Request. The Medication field is required on the Concurrent review.*


Step	Action
1	If <b>MEMBER</b> is <b>CURRENTLY ON PSYCHOTROPIC MEDICATIONS</b> please indicate the following required fields:
2	Enter each of the Medications in the field as necessary (* <b>Medication name</b> , *Start date, date discontinued, the date added (will populate to today's date).  *How to Enter the Medication: First select the hyperlink above the medication name field. It will bring up a list of psychotropic medications, sorted by class. If the medication is found, select the Medication from the list. If a medication is not listed in this list, users can choose 'Other' and then enter the name of the medication in the "Other" open text field below the Medication field.
3	*Please indicate in the open text field for each of the following Medications: <b><i>For this medication, please enter any details concerning dosage, side effects, adherence, effectiveness, prescribing provider and any specific target symptoms.</i></b>
4	If Additional Medications need to be added, then Select the " <b>Add Medication</b> " Box.





## Completing Initial Inpatient/HLOC Requests, continued

**Medications**

Medication  \* Medication  Description


\* Start Date  

Date Discontinued  

\* Date Added 04/15/2015 

*For this medication, please enter any details concerning dosage, side effects, adherence, effectiveness, prescribing provider and any specific target symptoms.*

▶ Narrative Entry (0 of 250)

Code	Description
<b>Atypical Anti-psychotics</b>	
<a href="#">CLOZAR</a>	CLOZARIL (CLOZAPINE)
<a href="#">RISPER</a>	RISPERDAL (RISPERIDONE)
<a href="#">ZYPREX</a>	ZYPREXA (OLANZAPINE)
<a href="#">SEROQU</a>	SEROQUEL (QUETIAPINE)
<a href="#">GEODON</a>	GEODON (ZIPRASIDONE)
<a href="#">SYMBYX</a>	SYMBYAX (OLANZAPINE, FLUOXETINE)
<a href="#">ABILIF</a> 	ABILIFY (ARIPIRAZOLE)
<b>Antidepressants</b>	
<a href="#">LEXAPR</a>	LEXAPRO (ESCITALOPRAM)
<a href="#">PRIST</a>	PRISTIQ (DESVENLAFAXINE)
<a href="#">PROZAC</a>	PROZAC (FLUOXETINE)
<a href="#">PAXIL</a>	PAXIL (PAROXETINE)
<a href="#">PAXILC</a>	PAXIL CR (PAROXETINE)

Step	Action
5	*Please provide an overview with respect to all medications above, please enter any additional details that would assist in coordinating care. Note: The Open text field will allow up to 2000 characters
6	Indicate if there are Med changes this month? Yes or No (Not Required)
7	Meds Require serum blood levels? Yes or No (Not Required)
8	Date of most recent blood draw Enter date (MMDDYYY format or use the calendar icon) or select Unknown (Not Required)

## The Best Practices Endorsement

Step	Action
1	Please select the hyperlink: Best Practice Guidelines Related to Primary Behavioral Diagnosis- Please Read
2	*Do you endorse that I follow Best Practice Guidelines for the Primary Diagnosis: Yes or No *If No, Please enter the reason why in the open text field (1000 character limit)



## Completing Initial Inpatient/HLOC Requests, continued

**Key Step 9:  
Complete the  
Clinical Section  
Additional  
Information on  
Selected  
Conditions**

**Based on the members current Primary Behavioral and Medical Diagnosis, you will encounter Hyperlinks that appear. By selecting the hyperlink, you will be redirected to the Achieve Solutions Website which offers additional information to share with the member regarding the condition.**

Below are the key actions for completing the next steps. Any field with an asterisk indicates that the field is required.

Step	Action
1	*Select all members of the Care Planning Team.
2	*Is there a child or adult in member's household in need of any support or services? Yes or No. If Yes, Please answer the following: <ul style="list-style-type: none"> <li>Select primary support/services needed from the dropdown</li> <li>Select additional support/services if needed from the dropdown</li> <li>If Yes, describe support/services recommended (open text field 250 char.)</li> </ul>
3	*Is service requested for HLOC because appropriate LLOC not available? Yes or No If *Yes: <ul style="list-style-type: none"> <li>What LLOC was needed and not available for member? (Indicate from Dropdown menu)</li> <li>Reason why appropriate LLOC not available? (Check all that apply) If Other, then describe in the open text field (250 character limit)</li> </ul>
4	*Planned Discharge Level of Care (drop down menu)
5	*Planned Discharge Residence (drown down menu)
6	*Expected Discharge Date (MMDDYYYY format or use calendar icon)

**\*Below are the key actions for completing the next steps. Any field with an asterisk indicates that the field is required.**

Step	Action
1	*Update Preliminary Discharge Plan: Open text field
2	*Update Preliminary Efforts taken to affect discharge: Open text field
3	*Update Preliminary Significant Barriers identified for achieving any of the discharge goals: Open text field
4	*Update Current Recommended discharge plan: Open text field
5	*Current efforts taken to affect discharge: Open text field
6	*Current Significant Barriers identified for achieving any of the discharge goals: Open text field
7	*Projected Discharge date (MMDDYYYY) *Name/Relationship with whom child will be placed: open text field



Step	Action
8	<b>*Select all who have discussed and are in agreement with discharge plan (check all that apply):</b> <ul style="list-style-type: none"> <li>• Family/Guardian</li> <li>• DCF RRT Liaison</li> <li>• CTBHP</li> <li>• DCF Area Office/Parole Office</li> <li>• Post Discharge Provider</li> <li>• DMHAS</li> <li>• DDS Regional Case Manager</li> <li>• Other –Please specify: Open text box</li> </ul>
9	<b>*Will new congregate treatment setting be required post discharge? Yes or NO</b> If Yes, the following questions are required: <ul style="list-style-type: none"> <li>• Family/peer Specialist Referral made? Yes or No</li> <li>• If Yes, Date of referral (MMDDYYYY)</li> <li>• Date of CANS submission (MMDDYYYY)</li> <li>• LOC Determined (RTC, GH 1.5, GH 2.0, Other)</li> <li>• DDS Referral Indicated: Yes or NO If Yes, Date (MMDDYYYY)</li> <li>• DMHAS Referral Indicated: Yes or No. If Yes, Date (MMDDYYYY)</li> <li>• Child Specific Conference Needed/held? Yes or No. If Yes, Date (MMDDYYYY)</li> <li>• If Yes, Purpose of Conference: Open text field</li> <li>• Case Specific Conference Needed/Held? Yes or No. If Yes, Date (MMDDYYYY)</li> <li>• If Yes, Purpose of Conference: Open text field</li> </ul>
10	<b>*PPT Needed? Yes or No</b> If Yes, the following questions are required: <ul style="list-style-type: none"> <li>• <b>Date of/for PPT:</b> (MMDDYYYY)</li> <li>• <b>Additional Comments:</b> Open Text Field</li> </ul>
11	<b>*Has Member been Discharged? Yes or No</b> If Yes, the following questions are required: <ul style="list-style-type: none"> <li>• <b>Actual date of Discharge (MMDDYYYY)</b></li> <li>• <b>Child/family Case Worker Needs, Describe Needs/Why By Whom/By When:</b> Open text Field</li> </ul>
12	<b>*Name of RTC Therapist Individual Completing MTPPR:</b>
13	<b>*Title/Position of RTC Therapist Individual Completing MTPPR:</b>
14	<b>*DCF Worker Name:</b>
15	<b>*DDS Case Manager Name</b> (if applicable)
16	<b>*CTBHP Reviewer</b>
17	<b>*CTBHP Reviewer Phone Number</b>
18	<b>*Date Completed (MMDDYYYY)</b>
4	Click the <b>Next</b> button. <ul style="list-style-type: none"> <li>▪ The <b>Additional MTPPR Information</b> screen will display.</li> </ul>



## Completing RTC/GH Requests (MTPPR Form), *continued*

### Key Step 3: Complete Clinical Screens – Additional MTPPR Information Screen

The Additional MTPPR Information screen is a screen that is only completed when the request is concurrent. Thus for the first concurrent request, all fields will be blank and must be completed. However, for subsequent concurrent requests, the majority of data will be pre-populated.

Below are the key actions for completing this step. **Any field with an asterisk indicates that the field is required.**

pcrlstg/pc/review/itr2flow/additionalInformationView.action

Requested Start Date: 06/09/2015  
Member Name: PROVIDER, IVANNA  
Provider Name: TEMP PROVIDER,  
Vendor ID: VCB003159  
Save Request as Draft

Type of Request: CONCURRENT  
Member ID: TEHP000981339  
Provider ID: CBHP002120  
Provider Alternate ID: TEMPFAC  
NPI # for Authorization: SELECT...

Level of Service: INPATIENT/HLOC  
Type of Service: Mental Health  
Level of Care: Residential Treatment Center  
Type of Care: Residential Treatment Center - Other  
Authorized User:

All Fields marked with an asterisk (\*) are required when Type of Care is (RTC/GH) and review is concurrent

### ADDITIONAL MTPPR INFORMATION

\* Date Monthly Reporting Period Starts (MMDDYYYY)  
04212015

\* Date Monthly Reporting Period Ends (MMDDYYYY)  
06042015

\* MTPPR Required By (MMDDYYYY)  
06092015

Review Information

\* CT BHP Care Manager:

\* Phone #

THERAPY & HOME PASSES

\* Number of Individual Treatment Sessions for this reporting period  
SELECT...

\* Number of Individual Treatment Hours for this reporting period  
SELECT...

\* Number of Group Treatment Sessions for this reporting period  
SELECT...

\* Number of Group Treatment Hours for this reporting period  
SELECT...

Focus of Individual Therapy

▶ Narrative History

▶ Narrative Entry (0 of 250)

Focus of Group Therapy

▶ Narrative History

▶ Narrative Entry (0 of 250)

Step	Action
1	View the DATE MONTHLY REPORTING PERIOD STARTS*. <ul style="list-style-type: none"> <li>This field cannot be modified.</li> <li>For the first concurrent request, the date will populate with the ADMIT DATE.</li> <li>For subsequent concurrent requests, the field will populate with the DATE MONTHLY REPORTING PERIOD ENDS from the last request plus 1 day.</li> </ul>
2	View the DATE MONTHLY REPORTING PERIOD ENDS*. <ul style="list-style-type: none"> <li>This field cannot be modified.</li> <li>For the first concurrent request, the field will populate with the DATE MONTHLY REPORTING PERIOD STARTS of the current request plus 45 days.</li> <li>For subsequent concurrent requests, the field will populate with the DATE MONTHLY REPORTING PERIOD STARTS of the current request plus 30 days.</li> </ul>
3	Update the NEXT MTPPR REQUIRED BY*. <ul style="list-style-type: none"> <li>This field cannot be modified.</li> <li>For the all concurrent requests, the field will populate with the DATE MONTHLY REPORTING PERIOD ENDS of the current request plus 5 days.</li> </ul>



Step	Action
4	Complete the <b>Review Information</b> section. All fields with an asterisk are required. <ul style="list-style-type: none"> <li>CT BHP Care Manager Name</li> <li>CT BHP Care Manager Phone Number</li> </ul>
5	Complete the <b>Therapy &amp; Home Passes</b> section. All fields with an asterisk are required. <ul style="list-style-type: none"> <li>*Number of Individual Treatment Sessions for this reporting period: (0-30, or no family resource per DCF)</li> <li>*Number of Individual Treatment Hours for this reporting period: (0-30)</li> <li>*Focus of Individual Therapy (Open text field)</li> <li>*Is the Child's Primary Language English? Yes or No If No, did the child receive services in primary language? Yes or No</li> <li>*Is family's primary language English? Yes or No If No, did family receive services in primary language? Yes or No</li> <li>*Number of Recreational Treatment Sessions for this reporting period: (0-30, or no family resource per DCF)</li> <li>*Number of Recreational Treatment Hours for this reporting period: (0-30)</li> <li>*Focus of Recreational Therapy (Open Narrative field)</li> </ul>
6	Complete the <b>Family Therapy</b> section. All fields with an asterisk are required. <ul style="list-style-type: none"> <li>*<b>Number of Scheduled Family Treatment Sessions during this reporting period</b> (Scheduled by facility as per treatment plan): (0-30, or no family resource per DCF)</li> <li>*Focus of family Treatment: Open Narrative Field</li> <li>*<b>Number of Family Treatment Hours during this reporting period</b> (Scheduled by facility as per treatment plan): (0-30)</li> <li>*<b>Results/Progress/Barriers:</b> Open Narrative Field</li> <li>*<b>Number of Attended Family Treatment Sessions during this reporting period:</b> (0-30, or no family resource per DCF)</li> <li>*<b>Names of Family Treatment:</b> Open Narrative Field</li> <li>*<b>Number of Family Visits scheduled during this reporting period</b> (Scheduled by facility as per treatment plan): (0-30, or no family resource per DCF)</li> <li>*<b>Detail of Family Visits scheduled:</b> Open Narrative Field</li> <li>*<b>Number of Family Visits Attended during this reporting period</b> (Scheduled by facility as per treatment plan): (0-30, or no family resource per DCF)</li> <li>*<b>Family Treatment Results/Progress/Barriers:</b> Open Narrative Field</li> </ul>
7	Complete the <b>Family Readiness</b> section. All fields with an asterisk are required. <i>Note: For subsequent concurrent requests, the response from the last request will display next to each field. (Ratings: Very Good, Good, Fair, Poor, N/A),</i> <ul style="list-style-type: none"> <li>How prepared to parent does the family/family resource feel?</li> <li>How well has family/family resource developed new/improved skills?</li> </ul>
8	Complete the <b>Family/Family Resource (FFR) Interactions</b> section. All fields with an asterisk are required. <i>Note: For subsequent concurrent requests, the response from the last request will display next to each field. (Ratings: Very Good, Good, Fair, Poor, N/A),</i> <ul style="list-style-type: none"> <li>Your rating of FFR interactions with child/youth:</li> <li>FFR ratings of Interactions with child/youth:</li> <li>Child/youth rating of interactions with FFR:</li> </ul>
8	Complete the <b>Home Passes</b> section. <ul style="list-style-type: none"> <li>All fields with an asterisk are required.</li> <li>An unlimited number of Home Passes can be documented. To add a section, click the <b>Add Home Pass</b> button. A new set of Home Pass fields will be added to the screen for completion.</li> </ul>
9	Provide a description for OTHER THERAPEUTIC INTERVENTIONS/FOCUS*. <ul style="list-style-type: none"> <li>Enter description in the <b>Narrative Entry</b> field.</li> </ul>



Step	Action
10	<p>Complete the <b>Relational Progress</b> section and indicate an OVERALL ASSESSMENT OF PROGRESS*. All fields with an asterisk are required.</p> <p><i>Note: For subsequent concurrent requests, the response from the last request will display next to each field. (Ratings: Very Good, Good, Fair, Poor, N/A)</i></p> <ul style="list-style-type: none"> <li>▪ *Interactions with Peers.</li> <li>▪ *Willingness for change.</li> <li>▪ *Respects rights/property of others.</li> <li>▪ *Interactions with Adults/Authorities.</li> <li>▪ *Personal Hygiene.</li> </ul>
11	<p>Complete the <b>Academic Achievement</b> section and indicate an OVERALL ASSESSMENT OF PROGRESS*. All fields with an asterisk are required.</p> <p><i>Note: For subsequent concurrent requests, the response from the last request will display next to each field. (Ratings: Very Good, Good, Fair, Poor, N/A)</i></p> <ul style="list-style-type: none"> <li>▪ *Interactions with Teachers.</li> <li>▪ *Interactions with class peers.</li> <li>▪ *Days Absent (0-30 or N/A)</li> <li>▪ *Completes Assignments.</li> <li>▪ *If Regular Ed Student, progress in achieved grade level.</li> <li>▪ *If Special Ed Student, progress in achieve IEP goals.</li> <li>▪ *Number of School Suspensions (0-30 or N/A)</li> </ul>
12	<p>Complete the <b>Skills of Independent Living</b> section and indicate an OVERALL ASSESSMENT OF PROGRESS*. All fields with an asterisk are required.</p> <p><i>Note: For subsequent concurrent requests, the response from the last request will display next to each field. (Ratings: Very Good, Good, Fair, Poor, N/A)</i></p> <ul style="list-style-type: none"> <li>▪ *Self-Care.</li> <li>▪ *Daily Living.</li> <li>▪ *Housing &amp; Home Management.</li> <li>▪ *Home Life.</li> <li>▪ *Work &amp; Study</li> <li>▪ *Work Life</li> <li>▪ *Career Planning</li> <li>▪ *Social Relationships</li> <li>▪ *Communication</li> <li>▪ *Overall Assessment of Progress.</li> <li>▪ *Employment/Summer Jobs on campus: Open Narrative Field</li> </ul>
12	<p>Complete the <b>Incidents for this Reporting Period</b> section: All fields with an asterisk are required. <i>For date fields, the number of dates completed must equal the value selected for number of interventions, requests, visits, etc. for the reporting period. (See Below)</i></p> <ul style="list-style-type: none"> <li>• *Number of AWOLS</li> <li>• *Number of Police Interventions</li> <li>• *Number of Arrests</li> <li>• *Safety: Number of Requests for 1:1 staffing</li> <li>• *Number of Restraints</li> <li>• *Number of Restraint related injuries</li> <li>• *Number of Seclusions</li> <li>• *Number of Seclusion related injuries</li> <li>• *Number of Mechanical Restraints</li> <li>• *Number of Mechanical Restraint related injuries</li> <li>• *Number of PRN Meds Administered</li> <li>• *Number of Suicidal/SIB assessments (Internal)</li> <li>• *Number of ED Visits</li> <li>• *Number of Inpatient Admissions</li> </ul>



## Completing RTC/GH Requests (MTPPR Form), *continued*

**13**

Click the **Submit** button.

- The request submission screens will display next. See Key Step 1 for details.

**Key Step 4:**  
**Submit Request**  
**and Confirm**  
**Submission**

Once the **Submit** button is clicked from the final clinical screen the confirmation screen will display and the request will auto-pend, meaning the authorization has not been approved and further review is required by CT BHP RCT.

Step	Action
1	Confirm submission of request. <ul style="list-style-type: none"> <li>After the final clinical screen, when the request is to be pended, the request Results screen will display where the Determination Status displays.               <ul style="list-style-type: none"> <li>For pended requests, the status would indicate 'Pended' at the top of the screen with a message indicating that the request requires further review.</li> </ul> </li> <li>The Results screen provides a summary of information about the request.</li> </ul>
2	Print the request. <ul style="list-style-type: none"> <li>Click the <b>Print Authorization Result</b> button to print a copy of the Results page.</li> <li>Click the <b>Print Authorization Request</b> button to print a copy of all the screens/fields completed for the request, including the clinical screens and the Results page.</li> </ul>
3	Print the MTPPR Form. <ul style="list-style-type: none"> <li>Click the <b>Print MTPPR Form</b> button to print only the MTPPR form fields with the Signature fields.</li> </ul>
4	<b>***Download the request***RECOMMENDED.</b> <ul style="list-style-type: none"> <li>Click the <b>Download Authorization Request</b> button to save a copy of the request either in .pdf format or xml. You can then print as many times as needed.</li> </ul>
5	Exit the Request for Authorization function. <ul style="list-style-type: none"> <li>Click the <b>Return to Provider Home</b> button to exit the Request for Authorization function. <b>Please Note: When exiting, you will no longer be able to print or save the MTPPR request if it has not been already.</b></li> </ul>